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The Process of Parental Bereavement Following the Violent Death of a Child

Suzanne Kandlbinder Kuhn

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THE PROCESS OF PARENTAL BEREAVEMENT
FOLLOWING THE VIOLENT DEATH OF A CHILD

A Dissertation

Submitted to the Doctoral Program Faculty
of the School of Nursing

Duquesne University

In partial fulfillment of the requirements for
the degree of Doctor of Philosophy

By

Suzanne Kandlbinder Kuhn

March 31, 2008

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Approved March 31, 2008

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March 31, 2008

Dissertation Advisor: Dr. L. Kathleen Sekula PhD, APRN

The purpose of this qualitative study was to explore the process of parental bereavement following the violent death of a child. The death of a child is considered to be the most difficult death anyone can experience which can often result in changing lives forever. Grounded theory was used for this study in an attempt to define the primary concepts contained within the process of parental bereavement when parents lose a child to violent death. Interviews were conducted with 11 parents meeting inclusion criteria. Data collected from the interviews were analyzed using constant comparison and level coding to identify key concepts contained in the process and a framework that revealed the core category of bereavement for these parents as *experiencing the process and seeking renewal*.

The findings revealed a perspective of bereavement as a series of processes which influenced parental bereavement and included positive elements not identified in previous research. The study revealed that the identified categories of telling the story; making critical choices, seeking direction through faith, seeking justice, seeking support, relinquishing the child, and seeking ways of moving forward worked together to facilitate positive outcomes for this high risk and vulnerable population. Support, including family, friends, and religious beliefs, taking an active role in post death activities, and assimilating new roles were other influential elements contained in the process. The concepts that emerged from the data and the resulting framework provide another perspective that can facilitate assessment of parental bereavement behavior. The findings have significance for nursing practice as well as implications for nursing education and research.

DEDICATION

I would like to dedicate this dissertation to my family including my parents, Marilyn Stevens, Jim Kandlbinder, and Ed Stevens, my sisters Kristin and Karen, my brother Patrick, and grandmother Leone, who provided never ending support, unconditional love, and unwavering belief in my ability to fulfill this dream. They believed in me when I did not believe in myself and never doubted my abilities to succeed and lovingly reminded me that not finishing was not an option.

I also dedicate this study to my husband, Ron Kuhn, who continuously supported my desire to complete my PhD and always went the extra mile to help with housework, taking care of children, and time to study. He provided invaluable help without ever having to ask.

I would also like to dedicate this dissertation to my children, Brittney and Patrick. My children have been my constant cheerleaders and always as interested in me finishing as I was myself. I hope they always know that there is nothing more important to me than being their mother. I am very proud of the people they have become and love them both more than words can describe.

Finally, this dissertation is dedicated to the families who opened their homes as well as their hearts and shared their most intimate and personal stories of losing their child with a total stranger. I learned much more from these individuals than the findings in this study. I believe I am a better person for having had the opportunity to meet with these mothers and fathers, and learned the meaning of grace, dignity, compassion, and humility, and for this I am forever indebted.

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TABLE OF CONTENTS

	Page
Chapter One: Introduction	1
Background of the Problem	1
Purpose for the Study	3
Research Question	7
Assumptions.....	7
Limitations	7
Definition of Terms.....	8
Chapter Two: Literature Review	9
Bereavement	9
Post Traumatic Stress Disorder.....	19
Theories of Bereavement	22
Crisis Theory.....	23
Equity Theory	24
Assumptive World Theory.....	26
Types of Death.....	27
Murder.....	27
Suicide.....	28
Drunken Driving Accidents	29
Additional Bereavement Variables	30
Chapter Three: Methodology	38
Rationale for Method	38

Grounded Theory	39
Procedure	40
Instruments.....	41
Data Collection	42
Data Analysis	43
Conclusion	44
Chapter Four: Data Analysis.....	45
Results.....	45
Sample Description.....	45
Demographics	46
Data Analysis	48
Overview.....	48
First Level and Second Level Coding.....	51
Second Coding	56
Third Coding	59
Fourth Coding	65
Fifth Coding	74
Sixth Coding	83
Seventh Coding.....	87
Summary of Level One and Level Two Coding.....	90
Level Three Coding	90
Verification of Findings.....	93
Summary.....	93

Chapter Five: Findings.....	94
Discussion.....	94
Telling the Story	94
Critical Choices.....	94
Seeking Direction through Faith.....	94
Seeking Justice.....	94
Seeking Support	94
Relinquishing the Child	94
Seeking Ways of Moving Forward.....	94
Recommendations for Nursing	94
Recommendations for Future Research	94
Conclusions.....	94
References.....	94
Appendix 1.....	94
Appendix 2.....	94
Appendix 3.....	94

Chapter One: Introduction

Background of the Problem

The death of a child is considered to be one of the most devastating losses that a parent can ever experience (Exline, Dorrity, & Wortman, 1996; Lehman, Wortman, & Williams, 1987). It has been said that people who are bereaved often find themselves caught between the living and the dead. This research will attempt to define the primary elements of bereavement following the violent death of a child. When the death is violent, negligent, or self-inflicted, life is often altered for all survivors. Losing a child to violence is different than losing a child to natural causes because it forces grieving parents to take into consideration wider social forces such as the effects of crime and society, the justice system, and the way random acts of violence change lives forever (Murphy, 1997). Parental grief related to the death of a child is often viewed as the most complicated form of bereavement, and violent deaths typically intensify that grief response (Murphy, 1997; Rando, 1992).

Violence is a major public health problem that directly affects the physical and mental health of those bereaved and diminishes the quality of life for all society (Rinear, 1988). While some parents are able to make meaning of the untimeliness and unnaturalness of the child's death, many survivors are often left to assume the role of victim (Murphy, Gupta, Cain, Johnson, Lohan, & Wu, 1999).

Attempting to find meaning in a child's death can be a difficult task for parents (Murphy, Braun, Tillery, Cain, Johnson, & Beaton, 1999). Nurses are in a pivotal position to care for parents who have lost a child to violent causes. They can provide the assessment, support, intervention, and access to critical services that can help to

maximize a parent's return to optimal mental health following the violent death of a child. In the acute care setting, nurses encounter bereaved parents who have physiological and psychological symptoms of grief such as the inability to sleep, recurrent dreams, nightmares, restlessness and agitation. In the mental health system, nurses encounter parents who are dealing with stressors such as divorce, relationship issues, suicidal ideation and depression in the aftermath of a child's death. Nurses may be instrumental in helping bereaved parents deal with the loss of a child that is not anticipated or expected and helping parents to reorganize and identify common themes in the grief process (Riches & Dawson, 2000). The National Organization of Victims Assistance (NOVA, 1999) reports that for every single death, there are many more survivors or covictims affected. Murphy et al. (1999) report that a child is murdered once; a parent is forced to relive it over and over. Many parents report feeling victimized as the survivor and find dealing with the aftermath and devastation to be extremely difficult. A mother whose four sons were shot and killed reflected, "I was killed too. I just didn't die" (Lord, 1991).

Most parents implicitly accept certain basic principles of the parent-child relationship: that they will outlive their children, that the world is a just place (Rinear, 1988), and that life is meaningful (Janoff-Bulman, 1985). When a child is murdered, parents often experience higher levels of distress and cite one of the most difficult aspects of the child's death is that someone would have selected their child to brutalize. Overwhelming feelings of victimization and grief have the potential to make the aftermath and devastation following the child's death extremely difficult to endure.

Clinicians in the healthcare arena play a critical role in facilitating the resolution of post-homicide grief. Work with parents provides the expansion of knowledge and

interventions that facilitate the helping and healing process. The ultimate goal of care includes the return of psychological and physical well-being appropriate to this vulnerable population. Nurses have the capability to be at the forefront of care and provide a vital link for these unique victims of trauma.

Purpose for the Study

The purpose of this study was to identify the process of parental bereavement following the violent death of a child. Murphy et al. (1999) report that each year approximately 75,000 parents lose a child to violence. According to Murphy (1997), these parents are an understudied and at-risk population, and little research has been completed regarding how parents manage the emotional distress following such overwhelming losses. Bereaved parents are faced with a flood of emotions following the child's death and are often left in a state of shock (Trolley, 1993). Yet the unique features of this type of bereavement are not known.

Elizabeth Kubler-Ross introduced the classic work on death and dying in the late 1960s. Her work focused on five stages of grief including denial, anger, bargaining, depression and acceptance. Kubler-Ross's stages are applicable not only to the individual experiencing an anticipated death event, but to those who are bereaved as well. The application of Kubler-Ross's work to those bereaved would imply that acceptance of the death would return the bereaved individual to a similar physical and emotional level of functioning experienced prior to the death event. Unfortunately, acceptance may not always be obtainable in the case of the violent or sudden death of a child and the bereaved individual left with feelings of hopelessness for extended periods of time. Several researchers have developed new models and beliefs related to grief and describe

grief as an ongoing and life changing process, not simply a series of stages to be accomplished as cited in the earlier work of Elisabeth Kubler Ross (Rando, 1991).

Although many studies have been conducted that look at death and dying, few have been conducted that specifically address bereavement following the violent or sudden death of a child (Murphy, Lohan, Dimond, & Jaunjaun, 1998). Most of the research previously conducted has focused on bereavement and grief following an anticipated death in children with chronic illness or terminal illnesses such as cancer. The common threads in the research are the use of planned interventions such as support groups and counseling.

According to Murphy (1997), parents who have lost children to violent death, accident, and suicide have been an understudied population. Bereavement following these types of death have gained a limited amount of attention in the literature, and studies suggest the need for additional investigation (Kashka & Beard, 1999; Murphy, 1997). Certain types of death such as suicide present with their own set of bereavement complications. According to Ness and Pfeffer (1990), individuals bereaved by suicide undergo difficult and distressing forms of grief and are subject to other types of adversity. Ness and Pfeffer (1990, p.279) state “the person who commits suicide puts his psychological skeleton in the survivor’s emotional closet” contributing to the shame and social stigma often associated with a suicide event. Psychological skeletons refer to any perceived or real events that precipitated the suicidal event and may cause shame to the survivors.

DeVries and Falck (1994) report that the natural order of the human universe is that the old predecease the young, and that a change in this process with the death of a child at

any age is an unnatural interruption in the normal life course that may exacerbate the grief response.

Murphy conducted the majority of the research addressing parental bereavement following the violent death of a child during the late 1990s and up to the present. Murphy's research addresses bereavement interventions, mental distress, and network and mutual support for bereaved parents following the violent deaths of their 12- to 28-year-old children. Murphy (1997) reports that losses are usually not resolved but many times only accommodated into their lifestyles, and that their lives following the violent death are forever altered.

Rando (1993), who also studied death events and bereavement with parents whose child died a violent death, refers to violence as a malignant trend which often involves the death of children and may be associated with complicated bereavement. Violent crime and death are particularly significant because of the capacity to directly affect an individual's perception of the world, as well as their ability to protect their family. Similarly to victims of drunken driving accidents, survivors often report feeling that there are no realistic measures to keep their family members and themselves safe from the harm of an intoxicated individual who chooses to get behind the wheel of his or her car. In a violent society, we all have the potential to be victims (Casenave, 1981).

The following statement made by a gentleman whose son was shot and killed reflects the hope for survivor outcomes (Lord, 1991, p.31):

Accommodation comes when you decide whether your own life continues or not. I will never forget my son and look forward to seeing him in Heaven, but I am going on with my life here, and I find joy in it. I feel almost invincible having survived the worst thing that could ever happen. All other problems pale in comparison. If I could survive that, I can survive anything.

The identification of variables that facilitate the parental bereavement process is needed in order to assure that interventions are developed that support healthy and supportive outcomes. The mental health profession, inclusive of nursing, has an important role to play in identifying bereavement crisis, assessing problems that warrant intervention, and fostering an environment that meets the needs of parents confronted with complicated or chronic mourning. The role of the nurse is diverse and may include crisis intervention, counseling, services that facilitate movement along the health care continuum, and measures to protect and restore the individuals' psychosocial and physical integrity. Nurses are often first-line caregivers when the loss occurs. The sudden and unexpected nature of a child's death may impact nurses in many settings such as emergency and primary care, where they are in a position to disseminate information, help with practical matters, and assist with decision-making (Trolley, 1993). Skills that reflect the most effective approaches in working with these bereaved individuals are needed by nurses that may have contact with this diverse and vulnerable population.

The limited amount of research specific to parental bereavement following the violent or sudden death of a child indicates the need for continued and ongoing studies (De Vries, Lana, & Falck, 1994; Kashka & Beard, 1999; Murphy, Braun et al., 1999; Neff & Pfeffer, 1990; Rando, 1986). According to Lehman and Wortman (1987), the death of a child is one of the most devastating events that a parent may experience. Although many studies have been conducted, no consistent finding, other than the event involving a child and the suddenness of the death, has been identified as key contributors to the course of bereavement.

Violence, accidents, and suicide as causes of death in children all have the potential to contribute to complicated mourning. Complicated mourning includes a series of processes which may occur when the bereaved individual attempts to deny, repress, or avoid the aspects of the loss that are considered to be painful (Rando, 1993). Painful factors may include the cause of death, the relationship with the deceased, involvement with the judicial system, and holding onto beliefs about the person that has died (Rando, 1992).

Research Question

1. What is the process of bereavement for parents following the violent death of a child?

Assumptions

1. The responses of the participants are reflective of their actual feelings.
2. Death is a stressor.
3. Nurses are in a critical position to facilitate the physical and psychological healing processes of parents who have lost their child due to a traumatic death.
4. Participants will respond honestly.

Limitations

1. Due to the traumatic nature of the death event, parents may be reluctant to participate in the research project.
2. Parents may have difficulty responding to interview questions due to the difficulty of the subject matter.
3. Research finding may not be generalized to others outside of participants in this study.

4. Participants may refuse to participate.

Definition of Terms

For the purpose of this study, the following terms were defined:

- *Parent* – mother, father, or guardian of the child.
- *Bereavement* - Time period following the violent death of a child.
- *Violent death* - Physical force used for the purpose of causing the permanent cessation of life and include the following:
 - *Murder* - Unlawful and malicious or premeditated killing of one human being by another.
 - *Drunken driving accident* - Incident in which a child is killed by someone driving a motor vehicle, their blood alcohol level at or above the legal limit.
- *Child* - Son or a daughter age 30 years or younger whose death is characterized as violent in nature.

The U. S. National Center for Health Statistics reports that accidents, suicides, and homicides account for nearly 80% of the deaths in children and young adults (U.S. National Center for Health Statistics, 2000). This rate also assumes that for all deaths, there is high probability that there will be a bereaved mother, father, or both. Although the study of dying and death is not a new topic in the nursing literature, violent death and parental bereavement remains understudied and involves an at-risk population (Murphy 2003). This research may help to bridge existing gaps in the literature, provide different tools to collect data, and generate new information to provide a framework for nursing interventions for this vulnerable population.

Chapter Two: Literature Review

Bereavement

This review includes a detailed description of the research completed on bereavement following the violent or sudden death of a child. Theories related to the research topic will be discussed and goals of further research on this timely and sensitive topic addressed.

The topic of bereavement is not new in the nursing literature. In fact, volumes have been written on the grieving process related to anticipated deaths, death involving adults, and interventions to deal with bereaved individuals. However, literature focused specifically on the subject of bereavement as it relates to the sudden or violent death of a child is limited and highlights the need for additional research (Murphy, 1997). One Grounded Theory study conducted by Dannemiller (2002) investigated the bereavement response to the violent death of a child. Much of the work in this area has been conducted by researchers Murphy and Rinear. The literature review will provide a summary of the most relevant work related to bereavement in mothers following the violent or sudden death of a child, death studies, and an overview of post traumatic stress disorder (PTSD) as it relates to the type, timing and circumstances of the death event.

Despite the fact that death related to accident, suicide, and homicide account for 80% of deaths among children and young adults in the United States (U.S. Health Statistics, 2000), little research has been completed on parental bereavement patterns.

A Grounded Theory study conducted by Dannemiller (2002) investigated the bereavement response to the violent death of a child. Dannemiller interviewed 11 parents including both men and women, and black and white participants from three Midwestern

and one southwestern state. The children were murdered one to eleven years prior to the interview. The findings from this study concluded that parents found the response of the public was often perceived to be distressing and one of the most difficult aspects of the death to deal with. The response, often perceived as the public being curious about the death, having self interest, sensationalized, and being dishonorable reasons for seeking information may have an effect on bereavement. When parents found the information about the death to be accurate and complete, misperceptions were minimized. Parents in the study went to great length to collect data about the child's death but then moved into the period described as culmination when it was discovered no additional information could be collected about the death. The research completed by Dannemiller was the only Grounded Theory study to date related to parental bereavement following the murder of a child.

Shirley Murphy completed the majority of the most recent work related to violent deaths and bereavement. In a study completed by Murphy (2003), the outcomes of parents whose child had died between the ages of 12 and 28, and were confirmed to be related to accident, suicide, or homicide, were studied. This study was conducted over a three-year period of time and consisted of 261 parents who were randomly assigned to either a control or intervention group. The intervention cohort was offered a 10-session program with both problem-focused and emotion-focused support, and was provided a series of follow-up interviews and the completion of surveys and questionnaires. This study focused on supporting or dispelling commonly held myths associated with a violent death. The conclusions found that two myths were contraindicated and only one was partially supported. Myths that were found to be contraindicated included child's death

by suicide (worst parental outcomes; divorce is more common among bereaved than non-bereaved couples). The myth that was found to be partially supported was that letting go and moving on is an essential bereavement task. According to Murphy (2003), myths persist due to lack of evidence to discredit or discontinue beliefs. In the case of homicide, little research has been completed to build the body of knowledge and dispel any existing myths.

Several studies completed by Murphy focus on PTSD among bereaved parents, changes in parental mental distress, network and mutual support for bereaved parents, and bereavement interventions. Murphy conducted studies of bereaved parents whose children died between the ages of 12 and 28 from either a violent or sudden death (1997, 1998, & 1999).

In the first study conducted by Murphy (1997), parents bereaved by a violent death of their 12- to 28-year-old child were examined and bereavement interventions implemented in an attempt to reduce the negative consequences associated with the child's death. The participants included 101 mothers and 52 fathers in the intervention group, and 70 mothers and 38 fathers in the control group. Interventions were targeted at measuring five outcomes including mental distress, symptoms of posttraumatic distress, loss accommodation, physical health, and marital role strain (Murphy, 1997). No treatment was administered to the control group. The clinical study included parents bereaved by the violent death of their child by homicide, accident, or suicidal death as identified on a death certificate, and parents whose child had died within two to seven months of the study. Inclusion criteria included suicide by either gunshot or hanging, homicide by gunshot wounds, and motor vehicle accidents.

The focus of the bereavement program in this study was devised to reduce the negative outcomes of the death by addressing outcomes which included grief, mental distress, symptoms of PTSD, the prevalence of PTSD, whether the prevalence of PTSD symptoms were dependent on gender, physical health, and marital role strain.

Murphy's 1997 study was conducted over a period of three years and consisted of a 10-week program providing focused support during the first hour of a weekly session and emotion-focused support during the second hour of each session. Emotion-focused support consisted of providing a variety of information and skills targeted at minimizing possible damaging physical and psychological effects on the bereaved following the violent or sudden death of a child and provided the opportunity for the sharing of emotions as well as a setting for normalizing individual experiences.

Data was collected using a variety of questionnaires, including the Brief Symptom Inventory to measure mental distress. Symptoms of PTSD were measured using the Traumatic Experiences scale. Loss accommodation was measured using the 25-item Grief Experiences Scale. Marital satisfaction was measured using the Dyadic Adjustment Scale. Physical health was measured using the Health Status /Health Behaviors Scale. Information was collected prior to the start of the initial group session, immediately following the session, and at six and eighteen months following the conclusion of all groups.

Findings of the study revealed a slow rate of reduction in distress over a period of time even if individuals participated in the assigned intervention. Findings specific to gender differences in both baseline distress and treatment response suggested higher levels of mental distress, increased levels of trauma, less marital satisfaction, poorer

physical health, and poorer loss accommodation in mothers, as opposed to men who participated. Fortunately, mothers who started out with higher levels of distress benefited most from intervention. There were no apparent benefits for mothers regarding physical health or marital role strain. Fathers did not appear to benefit from any intervention.

Parents of children that died of accidents reported less mental distress and grief than those of children that were murdered. Parents of suicides reported that they believed their children were less happy and less well-adjusted and had greater unresolved conflict than the parents of children who died from the other two causes. This study was one of the first conducted by Murphy attempting to identify bereavement patterns and interventions dealing with parental loss, which was followed in subsequent years by a series of similar studies attempting to identify outcomes associated with the violent or sudden death of a child.

Continuing the work initiated by Murphy in 1997, Lohan, Dimond, and Jaunjaun (1998) along with Murphy, examined the network of social support of bereaved parents. The study consisted of a comparison of 261 parents whose child had died within the last four months by accident, suicide, or homicide, who reported high versus low social support, and high versus low numbers of network confidants. The study included 101 intervention group mothers, 70 control group mothers, 52 intervention group fathers, and 38 control group fathers. In this study, parents in the control group were assigned to a 12-week support program that met for two hours one evening per week for twelve weeks. Each weekly session met for two hours and consisted of emotion- and problem-focused support. The goal of problem-focused support was to provide information along with skill-building and included topics such as parental role loss, legal concerns, and

expectations about the future. The goal of the emotion-focused group included parents sharing experiences as well as emotional support. Data was collected from participants during the group settings each week, as well as six and eighteen months post-intervention. Instruments included the Perceived Support Network Inventory to assess social support, closeness of group members, and level of supplemental support. The Brief Symptom Inventory assessed mental distress. Trauma symptoms were measured with the Traumatic Experiences Scale. Grief was measured using the Grief Experiences Scale, and physical health was measured by asking a single item question, "How do you rate your physical health?" Functional health was measured by two items used to assess the ability to carry out daily activities; questions included "How many days in the past 3 months have you missed work because you were not feeling well?" and "How many days in the past 3 months have you gone to work even though you did not feel capable of performing your duties?" Marital satisfaction was measured by the Dyadic Adjustment Scale, and coping strategies were measured utilizing the COPE Scale. Conclusions revealed there was little difference in bereavement patterns for the two groups, and only 20% of the parents who participated in the bereavement program remained in contact with the group facilitator after the program concluded. In the findings, low versus high support of this type did not make a significant difference in patient symptoms.

In further analysis of the study conducted with 261 parents by Murphy et al. (1999), changes in the bereaved parent's mental distress after the violent death of their adolescent or young adult child between the ages of 12 and 28 were reviewed. The study was conducted at 4-, 12-, and 24-month intervals. Parents completed survey tools which included the Rosenberg Self Esteem Scale, the 53-item COPE Scale, Perceptions of

Support Network Inventory, and the 53-item Brief Symptom Inventory Scale. The results demonstrated that mothers reported measures of mental distress up to five times higher than women in the normative sample, and fathers had scores of mental distress up to four times higher.

Analysis of the research conducted by Murphy et al. (1999) revealed the prevalence of post traumatic stress disorders (PTSD) among parents bereaved following the violent death of their children with 261 bereaved parents. The study was conducted utilizing the same tools as the previous mental health study, approximately 4, 12, and 24 months after the death of the child. The study defined parents as meeting the criteria for PTSD if they reported symptoms in each of the three PTSD domains that included re-experiencing symptoms, avoidance behaviors, and hyper-arousal activity. The results of the study indicated that 40% of the mothers met criteria for PTSD, as opposed to 14% of the fathers. The symptom most commonly reported was re-experiencing, which is defined as intrusive thoughts, nightmares, and distress at symbolic events. The cause of death was also a significant variable. Twice as many parents whose children were murdered met PTSD criteria than parents bereaved by accident and suicide. Parents with PTSD reported a myriad of mental distress symptoms including depression, anger, hostility, poor coping strategies, poor job performance, and lack of sleep. Re-experiencing, and symptoms which persisted over time, were reported as the most common PTSD symptom. The importance of additional studies of bereaved parents in the context of causes of violent death, parent characteristics, predisposing and coping variables, and multiple health and adjustment outcomes was suggested by Murphy et al. (1999).

Lehman, Ellard, and Wortman (1986) studied the role of social support for the bereaved and the role relationships played in protecting individuals from stress. The study consisted of a series of interviews with 54 parents who had lost a child in a motor vehicle accident. Interviews lasted approximately two hours and included respondents completing a variety of instruments to assess present-day functioning as well as questions specific to the motor vehicle accident, the impact on the family, current beliefs about recovery, and the type of support received from others. The respondents also were asked about the acceptance of the loss, and what support parents believed to be helpful; these included questions such as, "In the time since your loved one has died, is there anything that other people have said or done that has been especially helpful to you in coping with his/her death? If so, what was that?"

Results of the study concluded that most respondents were able to cite ways in which individuals had been helpful as well as ways in which support efforts failed. In this study many of the respondents reported that perceived unhelpful responses came from family members and friends. It was concluded that unhelpful responses from family and friends may relate to anxiety with the bereaved when contact is face-to-face, as well as a sense of responsibility to alleviate the bereaved individual's distress. Lehman et al. (1986) suggest that future studies should assess if behaviors judged by respondents as helpful or unhelpful are associated with long-term mental health.

Lehman and Wortman (1987) looked at the long-term effects of losing a child in a motor vehicle crash. Forty-one parents who lost their child in a motor vehicle accident were included in the sample. The study consisted of an interview as well as the measurement of depression, psychological well-being, and role performance, utilizing a

variety of instruments including the SCL-90-R, the Bradburn Affects Balance Scale, and the Weissman Social Adjustment Scale. Open-ended questions to assess general state of life were also included. The results of the study suggested that the sudden death of a child is associated with long-term distress in findings that included respondent's answers to include that they "could not shake off the blues" and reports of feeling sad almost all of the time. Results of the study indicated that the loss of a child led to an increased mortality rate, drop in financial status, and higher divorce rate. Parents also reported that the loss occupied their thoughts and caused continued distress.

Rinear (1998) studied the psychosocial aspects of parental response patterns to the death of a child by homicide. The sample population was parents affiliated with the Parents of Murdered Children support group. The primary focus of the research was to study the symptoms and reactions most commonly experienced by parents who have lost a child to murder. Following a review of completed survey, the investigator concluded that symptoms/reactions were characteristic of post traumatic stress disorder. Symptoms began within one week of the murder and lasted up to one to two years. Common findings included recurrent and intrusive thoughts; recurrent dreams of the event; diminished interest in activities; feelings of detachment; sleep disturbances; avoidance activities; and memory impairment. Symptoms of PTSD were evidenced by the atypical nature of the stress, departure from ordinary human experience and bereavement, the murder as a result of human action, and the uncharacteristic tasks associated with the death event such as managing the media and police (Rinear, 1998). Conclusions acknowledged the need for further research in the area of bereavement, but also suggested the study of those bereaved in the immediate post-murder period, analysis of

homicide survivors involved in support groups, and co-victim attributions specific to homicide that may impact the post-murder adjustment period (Rinear, 1998).

Societal changes such as the glorification of violence in books, songs, and movies have also escalated the need for additional studies and appropriate healthcare intervention. It has been estimated by the National Coalition on Television Violence that by the age of 18 the average American child will have seen 200,000 acts of violent crime and 40,000 murders on television (Rando, 1992).

Work completed by researchers Kashka and Beard (1999), who themselves both lost children to acts of violent crime, bring firsthand knowledge of the grief process to their work. The authors provide a model to examine bereavement as it relates to children who have been murdered. The model depicts homicide within three sectors including the personal, public, and criminal justice events. The model may be used as a guide for the assessment of bereavement needs and interventions when working with this unique population (Kashka & Beard, 1999). The model connects the three sectors of the personal, public, and criminal justice event, provides an interdependence and interconnectedness between and among the three, and provides a flow of information and exchange through each sector during the bereavement process.

The personal world sector is characterized as the boundaries in which the parent focuses predominantly on dealing with a loss with which they have little control and usually no prior experience from which to draw. The public sector is characterized as that time when the identified homicide becomes news and survivors are thrust into the media spotlight.

According to Kashka and Beard (1999), responses to media can vary from interest in the opportunity to tell their story, to feeling the need to defend the victim's reputation. Unfortunately, the media is actually the way in which survivors sometimes hear the facts about the homicide (Kashka & Beard, 1999).

The criminal justice sector consists of interactions with the medical examiner, police, and investigators, and is often described as the most frustrating component of the model. Frustration may stem from delays in funeral services due to autopsies, relinquishing personal items as police evidence, stress from interviews, and possible suspicion of family members or friends which may make it difficult, if not impossible, for parents to feel the loss in a meaningful manner. "Murder is a life sentence for the survivors; however it is often much less than that for the perpetrator" (Kashka & Beard, 1999, p. 9). Unfortunately, this legal wrangling may have serious impact on the ability of the family to work through the healing process.

Post Traumatic Stress Disorder

The main thrust of the literature, although limited, focuses on the symptomatology associated with post traumatic stress disorder (PTSD). PTSD is a common finding that affects those bereaved by violent deaths (Rynerson & McCreary, 1993; Rinear, 1988; Amick-McMullan, Kilpatrick, Veronen, & Smith, 1989).

The child symbolizes the parent's hopes and aspirations for the future and the assumption that under natural circumstances parents will inevitably die before their children. Parents also assume a natural role of protector and may suffer overwhelming guilt, believing that they should have been able to do something to protect the child and may include beliefs that an event may not have occurred if the parent would have been

readily available (De Vries et al., 1994). Along similar lines, many survivors express concerns about the safety and security for not only themselves but for their other children as well. Lehman and Wortman (1987) suggest that a sudden traumatic event is likely to shatter a survivor's perception of the world as an orderly and fair place by revealing that a person will willfully hurt another.

PTSD has been identified in a series of research studies conducted by Amick-McMullan et al. (1989), Sprang and McNeil (1998), Van Donegen (1991), Rynerson and McCreary (1993), and Rando (1992-1993). It has been identified as a common finding associated with the sudden or unexpected death of a child. In the case of PTSD symptomatology, many parents are left in the aftermath of the death feeling traumatized and unable to assimilate the death into their future existence. Amick-McMullan et al. (1989) found that the type of distress exhibited by parents who had lost children to violence is similar to the symptomatology experienced by war veterans; thus these parents are often diagnosed with PTSD, a unique disorder leading to psychological, physical, and behavioral symptoms. This disorder is related to the difficulty of integrating the trauma that lies at its source with our world image, self-concept, and view of the meaning of life (Burgess, 1997).

The criteria for PTSD suggest that it is not necessary for the person to have witnessed or experienced the event. Simply learning of the event can trigger PTSD symptoms (DSM-IV-TR, 2000). Symptoms of PTSD occur because of the atypical nature of the stressor, the potential to cause significant symptoms of distress in almost anyone, and the departure from both ordinary human experiences and the usual sequence of bereavement. The essential feature of PTSD is the development of characteristic

symptoms after learning about the unexpected or violent death of a family member. Characteristic symptoms of PTSD include feelings of severe helplessness or fear, along with persistent re-experiencing of the trauma, persistent avoidance of the stimuli, and persistent symptoms of increased arousal (DSM-IV-TR, 2000). In order to be classified as PTSD, symptoms must be present for at least one month and must cause impairment in the areas of work, social, or personal functioning. Factors affecting the development of this disorder include the severity, duration, and proximity of the individual's exposure to the event. Any individual is subject to PTSD if the stressor is sufficiently severe, as is often the case of a child's death by violent means.

Sleep disturbances are also associated with PTSD and may include waking early, having difficulty falling asleep, sleeping more than usual, and having nightmares. Recurring dreams are characteristic of PTSD, and may reflect common themes including wish fulfillment (where the child is seen alive), dreams that are focused on some particularly painful event as classical conditioning and based on preceding experiences such as a ringing telephone that may be associated with hearing the news of the child's death. Once this conditioning occurs, survivors might seek to avoid anything that evokes these types of responses. Unfortunately, if attempts to avoid the responses are consistent, the severity of the PTSD may increase. One woman who exhibited classical PTSD symptoms following the rape and murder of her daughter said, "I do not go to church anymore because of remembering the coffin up there" or "I cannot have sex with my husband because it makes me think of what the rapist did to my daughter" (Rinear, 1988, p. 310).

According to Amick-McMullan et al. (1989), avoidance behavior is considered to be a natural defense against the anguish and pain associated with situations that remind the survivor of the death. While avoidance behavior may be considered beneficial when it serves to protect the bereaved from excessive anxiety while information about the death is being assimilated, avoidance behavior often isolates the individual from much needed support (Murphy et al., 1999).

Recurrent and intrusive thoughts are often associated with the cruelty of the murder and include thoughts such as preoccupation with the event of the murder. "I keep thinking of my son lying there with his head all bloody. I was told that he died instantly but still worry that he may have suffered" (Rinear, 1988, p. 309). If mutilation was involved, the survivor may have recurrent thoughts or hopes that the person was unconscious before the mutilation occurred. Constricted affect or psychic numbness may also be exhibited in survivors diagnosed with PTSD. One woman stated, "I feel like I have changed emotionally, I am unable to love or respond to my other children" (Ressler, Burgess, & Douglas, 1998, p. 192). Memory impairment and difficulty concentrating are also common characteristics of PTSD (Gyulay, 1989). The individual may be unable to work and may be very irritable. This particular characteristic can create additional stress, leading to poor performance at work, and eventual loss of job. Diminished interest in significant activities may occur. One woman stated, "After the murder I lost all interest in my job...and I rarely attend church anymore" (Ressler et al., 1998, p. 192).

Theories of Bereavement

According to Meleis (1997), researchers primarily use theory to address the nature of the human being in interactions and transactions with the health care system as well

the process of problem solving. Theories thus guide and shape the practice of nursing. Theoretical approaches that have helped to shape the limited amount of literature related to the bereavement process in parents who have lost children to violence include crisis theory, equity theory as it relates to the justice system, and the assumptive world theory. Although the study of bereavement is not new, much of the research completed recommends further study related to this sensitive area.

Crisis Theory

The development of crisis interventions based on crisis theory has evolved over the past 50 years and has played a major role in the development and contributions to the mental health and psychiatric nursing arena. Lindemann (1944) conducted the initial research in crisis theory following the Coconut Grove fire in 1942. His work focused on individuals who lost family members and survivors, evaluating both the responses to the event and individual coping strategies. Lindemann theorized that the success of a person to return to optimum health was the result of their grief work. Lindemann believed that individuals who developed psychopathologies did not go through the normal process of grieving. In working with individuals experiencing grief, Lindemann developed a structural framework and concluded that certain life events, either situational or maturational, could cause emotional strain. Emotional strain would create stress and initiate a series of adaptive patterns that could either assist the individual back to homeostasis or impede mental health and wellness.

Occasionally factors may actually heighten the stress event in persons who had previous maladaptive patterns or lack emotional resources for healing. In his work, Lindemann (1944) concluded that bereaved individuals should separate from memories

of the deceased, readjust to the environment and establish new relationships. Although Lindemann completed the initial work, others such as Burgess (1997) have continued to investigate and analyze the crisis phenomena with patients and families.

According to Burgess (1997), crisis may lead to a period of psychological disequilibria experienced as a result of a hazardous event or situation that cannot be remedied by using familiar coping strategies. Burgess ascertains that in dealing with crisis interventions, the question is not whether the emotional crisis will be resolved, but rather in what condition the individual will be when it is resolved.

Equity Theory

According to Walster, Walster, and Berscheid (1978), equity theory focuses on the extent of harm perceived by survivors to have occurred, the emotional distress of the bereaved, and the extent to which they have been treated in an equitable and fair manner by the justice system. The loss of the child is heightened with psychological distress related to feelings about the inadequacy of the justice system in combination with feelings of victimization. Equity theory is best illustrated in the case of drunken driving accidents. Survivors often feel that the death is minimized because this offense is often viewed as a social crime rather than a criminal offense. Many survivors report feeling neglected in criminal proceedings, report untimely criminal proceedings, not being treated with respect, and feeling that they have been lost in the shuffle of legal maneuverings. One of the interventions known to work well in these situations is to try to “balance the scales,” to increase the survivors outcomes while simultaneously reducing the offenders. Offender outcomes include retaliation by the victim or timely punishment by the criminal justice system. However, navigating through the legal system may

become progressively more difficult as the judicial system becomes increasingly overburdened (Lehman & Wortman, 1987). Amick-McMullan et al. (1989) found that bereaved parents of homicide victims need to interact with the justice system in a seemingly endless process of investigation, prosecution, and appeals.

An illustration of the equity theory is reflected in a statement made by a grieving mother (Lord, 1991, p. 124):

I can accept a great deal of ignorance and a great deal of lack of awareness, but to be told that I am not a real victim, when I have lost something that is more precious than my own life. If you believe you are not dealing with real victims when you deal with homicide survivors, just call me.

This mother also stated (Lord, 1991, p.13):

I contacted the district attorney's office about two months after my children were killed. I was given the impression that my presence and questions were an imposition to the assistant DA handling the case. To me, my children were human beings, not just reports lying on someone's desk.

Many parents feel that their child's case is just a number in the legal system and feel additional pressures to have their voice heard for both their child and themselves.

According to Janoff -Bulman and Freize (1983), there are only two ways that survivors can reduce feelings of inequity. Equity can occur by increasing the survivor's outcomes and reducing the offender's outcomes. Offender outcomes may be reduced by timely punishment from the criminal justice system, and survivor outcomes increased by treating them well and providing them with services (Amick-McMullan et al., 1989). Using this theory, the survivor will view the justice system as an agent of equity and foster the belief that people get what they deserve, and deserve what they get.

The acts of violence and severity of the events usually associated with the death contribute to survivor symptomatology. Violent crime is significant because of the capacity to directly affect an individual's perception of the world, their ability to protect

themselves or family members, and their view of society. The ability to feel safe and secure and trust others is violated by the deliberate action of another (Janoff & Bulman, 1985).

An additional area of concern is the belief that children are the most difficult to protect. The child's natural curiosity and capacity to be manipulated make them ideal targets for perpetrators (Douglas & Olshaker, 1997).

Assumptive World Theory

According to Janoff-Bulman and Frieze (1983), many individuals ascribe to the assumptive world theory. The three assumptions in this theory include (a) belief in personal invulnerability, (b) perception of the world as meaningful, and (c) view of oneself as positive. Victimization and subsequent death as a result of violent crime often change lives as a result of the negative event and in some cases, victims may no longer view their world as safe. Although most individuals recognize that catastrophic events happen, the assumption of invulnerability (or "It can't happen to me") is often shattered. Vulnerability often overrules and victims feel a sense of helplessness and intense anxiety over the act itself and the intentional nature of the crime (Janoff –Bulman & Freize, 1983).

The assumption that the world is meaningful may also be violated as a result of a death event. Many people believe that they may be protected against unfortunate events by being good people and are often left wondering why misfortune struck their lives.

The last assumption affected is the view of oneself as positive. Many individuals believe that they are worthy people who will be free from misfortune if they lead a decent life. Unfortunately, the individual that survives the death event may wonder why their

loved one was singled out for tragedy (Janoff-Bulman & Freize, 1983) or why they, the bereaved, were left to live. According to Frankl (1963), it is important that the victim attempt to find some meaning in the tragedy. If the event can be viewed as having meaning, the survivor may be able to reestablish a sense of orderliness in his/her surroundings.

However, none of these theoretical perspectives are adequate to guide research related to bereavement in parents who experience the violent death of a child. Therefore research that helps clarify the variables in this unique population is needed.

Types of Death

The type of death that occurs may influence bereavement. Despite distress with any type of child's death, the response to violent death evokes unique responses (Murphy et al., 1999). Violent deaths may commonly include, but are not limited to, murder, suicide, and motor vehicle accidents.

Murder

Murder, according to Amick-McMullan et al. (1989), is defined as "the willful killing of one human being by another." Parents of murdered children have been found to have higher mental distress than persons dealing with other types of death (Murphy, 1997). Murder, especially accompanied by sexual assault, may lead to rumination regarding the sequence of events. This may be especially true if there was perceived torture or if the victim had particular fears such as being locked up and was forced into the trunk of a car. Parents have additionally reported having fears about their homes being broken into by an intruder or assailant, lack of assistance in locating a missing child prior to the news of death, media reporting that results in distortion of the details or

suspicion concerning the victims character, overemphasis of the sensational aspects of the murder, reportage of the crime prior to the notification of the parents, repeated airing of file footage of the crime or the victim's body, concerns during court proceedings, delays and continuances in scheduled court hearings, lack of information regarding the legal system, fear of retaliation from the offender, missing work to attend court, financial stressors, and poor treatment from district attorneys or public defenders (Rinear, 1988).

Suicide

Parental bereavement following suicide has been documented to be particularly difficult for survivors (Ness & Pfeffer, 1990). According to Trolley (1993), the loss of a child by suicide presents a unique set of complications related to bereavement and resolution. Variables that influence this type of bereavement include the unnaturalness of the death and the associated confusion as to why their child would intentionally end their life. Van Donegen (1991) suggests that survivors of suicide have a particularly high risk for physical and psychological dysfunction if the parent discovered the body or became involved in cleaning the area where the child was found. Following the discovery of the body, individuals often report feeling as if they are reliving the experience, a symptom not uncommon to PTSD (Van Donegen, 1991). Other factors include shock and disbelief when notified of the suicide. Many parents of suicide victims also report feeling an overwhelming guilt that they somehow let their child down or failed to recognize and or subsequently protect the child when signs and symptoms were present. The bereaved parents may actually blame each other for their lack of recognition of symptoms that eventually led to the suicide. Most notable and often reported by survivors is the social stigma associated with suicide (Murphy et al., 1999; Ness & Pfeffer, 1990).

In a review of the literature by Ness and Pfeffer (1990), bereavement following suicide is compared to bereavement following other types of death. Areas for consideration include differences in grieving, social and psychological adjustment of the bereaved following the suicide, family backgrounds, risk of suicide, and attitudes of society about family members who have committed suicide. Conclusions indicate that a sense of shock, a need for an explanation, difficulty sharing one's feelings, difficulty in concentrating and making decisions, and a strong sense of guilt are common findings. Real or perceived, many parents report feelings that either family or friends have abandoned them or that they are viewed as being somehow neglectful and responsible for the child's death. Suicide is particularly difficult for survivors because the person that committed suicide "puts his psychological skeleton in the survivors' closet" (Ness & Pfeffer, 1990, p. 279).

Drunken Driving Accidents

A different type of death that presents unique thoughts and concerns for the bereaved are those caused by drunk driving. In a study completed by Sprang and McNeil (1998), post homicide reactions following drunken driving fatalities were reviewed. Surveys were completed on 171 family members of the deceased, in an attempt to gain an understanding of factors influencing the survivor's outcomes. According to Sprang and McNeil (1998), children killed by drunk drivers present a different set of complications for survivors experiencing the bereavement process. It is the nature of the event that often provides the most distress in that "there is no way to realistically safeguard oneself against the possibility of becoming victimized by a drunk driver short of complete seclusion" (Sprang & McNeil, 1998, p. 42).

One of the variables often cited in the bereavement process is frequent classification of drunken driving fatalities as an accident. Criminal attorneys may argue that the lack of intent to do harm provides justification for the incident to be called an accident or an involuntary act, creating the belief that drunk driving is a social crime (Sprang & McNeil, 1998) as opposed to an intentional act of violence. Thus it can seem to a parent who has lost a child to a drunken driving fatality that the system is not taking the crime seriously enough, which leads to a chain of reactions that complicate the grief process (Lord, 1987; Sprang & McNeil, 1998).

Additional Bereavement Variables

Additional variables that may affect the bereavement process of survivors following the violent death of a child include disappointments and shattered dreams about the future, safety and security issues, revenge, rage, and guilt toward the offender. According to DeVries (1994), the child symbolizes the parent's hopes and aspirations for the future and the assumption that under natural circumstances those parents will inevitably die before their children. Parents assume a natural role of protector and often suffer overwhelming guilt, believing that they should have been able to do something to prevent the death. Many believe that parenthood ends with the death of a parent, not with the death of a child. In some cases this may also be heightened if there were multiple deaths and burials (Kashka & Beard, 1999).

Many survivors often express concerns about the safety and security of themselves and their other children (Lehman et al., 1987).

If you think about it, everything we do in life depends on others acting in a predictable and rational way. When you get into a car and drive away, you are investing a lot of trust in every other driver on the road. So what happens when the trust is gone? (Lord, 1991, p. 21)

It is important to examine the extent to which survivor's perceptions of invulnerability are shattered, the magnitude to which survivors feel helpless instead of competent, and the extent to which they can derive meaning from the tragedy (Amick-McMullan et al., 1989). Lehman (1987) suggests that a sudden traumatic event is likely to shatter a survivor's perception of the world as an orderly and fair place.

Revenge, rage, or consuming thoughts of vengeance may also exist if the suspect was treated leniently by the judicial system. "I fantasized about going into the courtroom and blowing his head off. But I decided to leave it all in God's hands. Things have a way of turning out" (Lord, 1991, p. 25.). Intensification of symptoms are trigger events that heighten the post murder symptomatology and can include anything that serves as a reminder of the child's death.

Guilt may be a contributor to the overall grief response. Survival guilt can intensify grief and is often related to the untimeliness of the death. Guilt may cause parents to ask questions such as why they were unable to protect their child and self-blame that is usually beyond reason and may include statements such as "If I would have offered to drive her..." Blaming others may also occur and typically involves individuals such as employers and acquaintances for being either careless or negligent. Parents may also verbalize concerns about the last time they spoke to or saw the victim, and if they were present and witnessed the crime as well as if their life was threatened. Survivors may also experience difficulty if they knew the individual that committed the crime or if the victim was physically mutilated (Murphy et al., 1998).

Another problem for the bereaved is that they may isolate themselves despite the presence of concerned others (Sprang & McNeil, 1998). Many individuals attempting to

provide support may believe that the bereaved should be moving on with their lives quicker and spending less time preoccupied with the death. In a research study completed by Jacobson (1986), the timing of social support is investigated. In this study, three different types of support are defined: emotional support, the belief that others are available to provide caring and security; cognitive support, the knowledge that helps an individual understand his/her world; and material support, goods that help solve practical problems. Jacobsen suggests the different types of support at different times are needed to address changing demands on the survivor over a period of time. In the case of bereavement, it may take a year or longer to accept the loss, and two to three years before the parent begins to accommodate the loss in their lives. Jacobsen (1986) goes on to describe the timing of support within a transitional framework which includes yearning and searching (for that which is lost), disorganization and despair (giving up hope of regaining the lost object), and reorganization (adopting a new idea about one's self and relationships to others).

Additional variables related to bereavement include the process of adjustment, renewed beliefs in faith, communication, support, and helping statements. Adjustment to bereavement is a complex process for survivors and often warrants different types of support such as individual and family counseling as well as bereavement support groups which may have a significant impact on the outcomes of the survivor (Jacobson, 1986). Many individuals express feelings of detachment and alienation from others, and report feeling like an outsider and removed from friends and family. Statements such as "I always feel like I am on the outside looking in" and "I feel removed from my friend and coworkers" are not uncommon to hear from individuals experiencing a sense of

detachment or alienation. In relationship to isolation and support, many individuals will seek to avoid stimuli that elicit uncomfortable responses and in doing so may find themselves avoiding individuals/ places that remind them of the child. According to Jacobson (1986), additional research that helps define the types and timing of support needed are important to pursue.

The traumatic circumstances surrounding a death event may also facilitate changes in thinking or a renewed belief in an existing faith to help explain the reason for the death or to find emotional comfort. In contrast, the individual may also question the idea that good people will be protected by God (Sprang & McNeil, 1998). Other assimilations may include beliefs about fate and the afterlife as a way of working through the grief process. Many of these beliefs center on the unique bond between the parent and the child and the need to find meaning in the child's death.

Support or the lack thereof may be an essential variable during the bereavement stage and the reduction of post traumatic stress disorder symptoms. The Parents of Murdered Children Organization reports that parents whose children were killed by homicide are angrier, needier, and more demanding than parents whose have lost their children to natural causes (POMC, 1999). In her 1996 article *Coping with bereavement: A research review for clinicians*, J. Exline notes highlights special attention to the timing and the type of support essential during this critical period. Research on whether or not support is actually available suggests that it is less important than the bereaved perception that it is (Exline et al., 1996). Exline continues on by saying that many bereaved have trouble finding support from others. One belief is that individuals may become frustrated if the bereaved remains depressed for long periods. Individuals attempting to help may

discourage open expression of feelings, offer advice, and minimize the loss. Exline et al. (1996) go on to report that avoidance behaviors with the bereaved may occur. It may be because of these variables that individuals may feel abandoned after the initial bereavement period.

Although the timing of intervention strategies is a variable in easing parents through the grieving process, little is known about which intervention strategies are most helpful, and when. A study completed by Sprang and McNeil (1998) concluded that individuals who had high levels of social support experienced fewer complications associated with grieving and PTSD symptoms. Further research may prove invaluable about who should ideally initiate referrals and/ or support during the bereavement period at a time when the survivor is least likely to initiate this independently.

Communication is also often identified as a common thread in the literature as an area of concern with bereaved individuals. Many times, what is said may be more disturbing than what is not. Well-intended comments can be hurtful and can often cause the survivor to feel more victimized, in addition to placing more blame on the victim. Many survivors report that well-intentioned friends or family members often use such clichés as “She was in the wrong place at the wrong time.” One mother voiced outrage in response to such a well-intentioned comment, stating, “My daughter was at home in bed at 2 am when she was raped and murdered. Where else was she supposed to be?” (POMC, 1999). Friends and relatives of the bereaved parent also often make promises that cannot be kept, including promises to catch the perpetrator of the crimes.

Davidowitz and Myrick (1984) address communication and helping statements in their research on bereavement and helping statements that assisted individuals to feel

supported and understood. The study consisted of the analysis of support for the bereaved utilizing either high facilitative or low facilitative responses. High facilitative responses include questions, clarification, and summary along with feeling-focused statements such as, “That must be painful for you” or “People really cared for him.” These types of statements are most often perceived as person-centered, encouraging, supportive, and caring. Unhelpful statements left the person feeling alienated and hurt and were referred to as low facilitative; they included, “You have to get on with your life” and “Be thankful you have another son.” These statements were described as judgmental, non-accepting, unconcerned, and impersonal and included advice, evaluation, and interpretive or analysis types of responses. The statement “I’m sorry” was cited as being one of the most commonly heard responses. Interestingly this was viewed as helpful only if the statement implied, I feel sad for all of us, as opposed to feeling sorry for the bereaved. Along these lines, support groups were considered helpful but only if they did not contain a continual exchange of low facilitative responses.

Following an extensive review of the literature, identified gaps substantiate a need for additional research. Previous research on the topic on the process of parental bereavement following the violent death of a child topic has been limited both in scope and methodology. Although information describing the process of bereavement following the violent death of a child has been documented in the literature, limited studies have been conducted during the past few years by a limited number of researchers. As well, much of the research on parental bereavement following either a violent or sudden death has primarily identified characteristics of grief and has generated little knowledge that

can guide the creation of effective interventions and support for this unique and vulnerable population (Murphy et al., 1998; Jacobson, 1998).

The literature gap is wide for a new infusion of research related to this ripe and timely topic. The goal of this study is to help add to the body of knowledge and gain a better understanding of the process of bereavement following the violent death of a child and how the process of losing a child to a violent death may influence healing, affect survivor outcomes, determine the impact on patient recovery, and potentially generate further research questions that contribute to the overall body of knowledge specific to bereavement processes. The use of grounded theory and a “ground up” approach to inductively generate theory is a good start to this type of investigation (Munhall & Oiler, 1986).

Nurses have the capacity to play an essential and critical role in initiating and implementing support services to reduce risks and minimize the complications associated with parental bereavement. Complications such as PTSD have been shown to cause debilitating changes in individuals’ ability to function, along with the characteristic physical and psychological symptomatology (Murphy et al., 1999). The literature in this area is very limited, despite the increase in random violence in society. The death of a child is understandably the most challenging life event that parents will ever experience. Statements that illustrate the depths of victimization experienced by parents include, “I did not know that anyone could hurt this much and still keep on living. Grieving is the most painful work that parents have to do” and “Death robs a parent of what they love most, isolates parents from each other and deafens them so they cannot hear the cries of

their other children” (Rosof, 1994, p. 3). Nurses have the capacity to identify processes that most impact the bereavement process and provide appropriate intervention.

Chapter Three: Methodology

Rationale for Method

The study of parental bereavement patterns following the violent death of a child was conducted using a grounded theory approach. An extensive review of the literature identified gaps which exist related to parental bereavement. Gaps in the literature include, but are not limited to, studies completed by the same researchers and limited variations in study design and methodology. The majority of the studies completed have been longitudinal and quantitative, utilizing primarily surveys and questionnaires for collection of data. There was only one Grounded theory studied identified related to Parental bereavement following the violent death of child. Few studies have specifically addressed the topic of homicide and violent death.

Grounded theory provided a chance for participants to tell their story while building a framework for analysis by constant comparison while integrating concepts that emerge from the grounded data. This was the first research study investigating parents using a grounded theory approach addressing both murder and drunken driving accidents. Grounded theory added an additional dimension and built upon the previous work completed while helping to develop a better understanding of human behavior as it relates to bereavement following the violent death of a child, using methodology strategies that may better address the needs of this population. The findings from this study may assist in the development of support measures to facilitate an improved quality of life for survivors.

Grounded Theory

Grounded theory has been chosen because of the ability of the research to respond to reality (Morse, 1997). According to Sandelowski (1991), qualitative research makes science out of biography and provides the opportunity for personal stories to be told.

Grounded theory developed from the pragmatist social philosophy of *symbolic interactionism*, by sociologists Glaser and Strauss (Strauss & Corbin, 1990) provided the theoretical perspective and methodological base for this study. Symbolic interactionism focuses on the situation being analyzed and the relationship between symbols and interactions. This type of interaction allows for individuals to construct meanings from phenomena based on their interpretations of their interactions in a social context, and the opportunity to be active participants in their surroundings and create shared meaning from individual or shared experiences. These phenomena were highlighted during the interviews for this study while collecting data and correlating concepts related to losing a child and patterns of bereavement specific to parents.

Pragmatism stemmed from the work of James and Dewey, as well as Blumer, whose cumulative contributions encouraged researchers to investigate the nature of the experience for the individual and interrelationships between conditions and meanings (Strauss & Corbin, 1990). Blumer, who developed the term *symbolic interactionism*, believed that one can only understand the behavior of individuals if one understands how that individual sees their world and how the meanings of actions and symbols are interpreted (Blumer, 1969).

Grounded theory refers to the end product generated from this method, which is a framework grounded, or based, in the data. Because of the limited amount of research

identified in the literature related to the violent death of children, grounded theory may prove useful because it can facilitate a new perspective on a phenomenon with limited research, help to gain insight from the individuals experiencing it, and generate the development of a theory.

Grounded theory inductively generates theory from the study of the phenomena it represents by providing the opportunity for individuals to interact within their social world, provide meanings to gestures and words, and provide a mechanism to tell their story about being a parent whose child dies a violent death. Grounded theory also permits the creativity from the researchers perspective to “break through assumptions and to create new out of the old” (Strauss & Corbin, 1990, p. 27).

Procedure

In accordance with university policy, Institutional Review Board permission from Duquesne University was obtained prior to the start of this study. The sample base for this study consisted of participants from the Victims Crime Unit office based in the Blair County District Attorney’s office, as well as Cambria, Huntington, and Bedford counties. Letters were mailed describing the study and inviting individuals to participate in the study. The researcher sought 10 to 12 participants for this study.

The inclusion criteria consisted of parents whose child died a violent death. For the purpose of this study, the word “child” was defined as any individual 30 years of age or younger. “Violence” was defined as physical force used by another person for the purpose of causing the death of a child. Parents whose children were killed by other measures were excluded. A letter was mailed by the victim witness coordinator to all parents who met the established criteria, requesting participation and provided contact

information for those interested in learning about the study. The letter detailed identifying information including the researcher's credentials and contact address. Participants were required to be available for in-person interviews, in the participant's home or place of their choosing, which were scheduled at several intervals within an established time frame based on participant needs such as work and childcare. Participants were required to sign a consent form outlining any potential risks. Emotional disruption, which may include depression and anxiety, may be an associated risk. Arrangements were made with a licensed professional counselor who agreed to be available for any required assessments and interventions. Parents were advised that their consent to participate in the study was voluntary and that they may discontinue their participation at any time if they choose. Participants did not incur any expenses associated with this research. Participants were notified that all information obtained was confidential. Access to information prior to the completion of the study was limited to the transcriptionist, who was required to sign a confidentiality form, as well as dissertation committee members. All data is maintained in a locked cabinet in the researcher's office.

Instruments

The instrument consisted of an interview with the participant using a semi-structured interview framework. According to Kahn and Cannell (1957), the interview is a conversation with a purpose. The goal of the interview questions was to elicit responses about bereavement that the individuals experienced since the death of their child and provided the optimal forum for the participants to speak freely about their personal experiences. The interview setting further provided the interviewer the ability to evaluate expressions and non-verbal movements that may initiate the opportunity for further

questioning or verification and clarification. Field notes for future reference were critical components of the data gathering process.

Interviews were audiotaped. The interview questions provided an opportunity for the parents to tell their stories while maintaining semi-structure to stay focused on the topic of the child's death and subsequent bereavement period. Questions specific to this research guided the interview and directed the respondent to share their experiences surrounding the child's death. Collecting data that elicits or guides the interviewer into other areas was critical for theory generation specific to identified and perceived needs.

Data Collection

Sufficient time was allowed for reflection and observation of the participant during each initial and subsequent interview. The interviews were conducted in the participant's home if requested or another setting if they preferred (such as a library or office). The audiotaping began at the start of the interview and concluded following an agreed upon point of closure. A microphone with adequate pick-up range was purchased to assure all data was obtained without a large obtrusive microphone to avoid distraction. Participants were also encouraged to have available photographs, newspaper clippings, court records, etc., to the interview sessions. These items were used as data and recorded as field notes. The researcher did not request to keep any of the visual materials shared. At the conclusion of the interviews, a note was sent to each of the participants thanking them for their willingness to share personal and intimate aspects of their lives. Interviews occurred until saturation of the data occurred. Saturation is said to occur when there is no additional information that can be gathered for development (Sheldon, 1998).

Data Analysis

The tapes were transcribed in a format that permitted sufficient room for writing in the margins. The interviews were reviewed for patterns, common themes, and threads that emerge from the data. Constant comparative method of analysis was utilized for evaluating all of the data and establishing categories (Glaser & Strauss, 1967). This method continued until all categories were saturated. Saturation occurred when there was consistent support for the core category with little or no new information being obtained. According to Strauss (1990), the core category must “earn” its way into the grounded theory. Saturation of the data provided the foundation to assure categories were representative of the overall experiences.

The process of open and axial coding was utilized to separate and connect concepts and categories as well as assign names or codes to the data. During the open coding process, the transcripts were analyzed line by line and interpreted for similar themes, concepts, and categories. This is the stage when the researcher began to consider what areas of interest and important issues to address. Axial coding was utilized to provide a connection between the categories specific to conditions, context, and interaction strategies (Strauss & Corbin, 1990).

Selective coding was also utilized, including the process of theoretical sampling. Theoretical sampling provided for more focused questions, to assess if categories that were tentatively established were well supported and relevant. The process of memo writing, considered by Glaser and Strauss to be an essential stage of grounded theory, was utilized to organize thoughts and ideas during the coding process. Memo writing provided a frame of reference for the data collected and categorizes it. Memos prove

valuable as a way to collect and organize ideas as well as provide a mechanism to convert thoughts to paper or audiotape.

Conclusion

The bereavement process has been reported to be a painful and lonely experience for parents following the violent death of a child. Generating theory related to the bereavement process regarding how variables influence or hinder the process may become instrumental in the healing process for those bereaved. According to Murphy et al. (1999), more research is needed that explores key elements of the process for specific parent groups. Little research has been completed on parents bereaved by the violent deaths of their children. The need for further investigation is critical. Identifying variables that affect the bereavement process following the violent death of a child may be the first step in creating programs that can facilitate more positive outcomes with this unique and vulnerable population.

Chapter Four: Data Analysis

Results

The death of a child is considered to be one of the most devastating losses that a parent can experience (Exline, Dorrity, & Wortman, 1996; Lehman, Wortman, & Williams, 1987). It has been said that people who are bereaved often find themselves caught between the living and the dead. The purpose of this research was to identify the key concepts of the process of parental bereavement following the violent death of a child by providing an opportunity for the parents' stories to be told and voices to be heard.

Sample Description

Eleven parents were interviewed for this study. Participants included nine women and two men who met inclusion criteria. The researcher contacted all participants who responded with a willingness to be interviewed, although one father who agreed to participate cancelled several times and eventually did not respond to the researcher's follow-up calls. A total of sixteen interviews were completed. Eleven interviews lasting between one and two hours were conducted initially, and five participants were re-contacted later to clarify and verify findings. Results will be provided with the use of direct quotes to highlight the data and support the analysis of findings.

Nine interviews were conducted at the participant's home, one was completed at the district attorney's office, and one conducted in the researcher's office. It is of interest to note that the interview at the DA's office was requested by the parent so she would have access to the victim witness advocate for support. Unexpectedly, the support person was called away on the day of the interview; however, the participant reported feeling at

ease with the researcher and agreed to participate in the interview. The interview completed in the researcher's office was requested by the participant as a central location so she could meet over her lunch break. None of the parents had participated in any other research prior to this study. Many reported feeling anxious initially, then relaxed during the interview and thanked the researcher for taking an interest in completing this study and hearing their story. All participants asked if the researcher would share a copy of the findings at the conclusion of the study.

During the interviews, emotions varied, with several participants crying at intervals. Generally, the mood was calm and at times it became difficult for the researcher to "break in" as the participants talked freely while describing their experiences. All were poignant in their attempts to assure they had been heard and made no apologies for their desire to talk for long intervals. Ten of the respondents were very talkative at the beginning of the interview while one was a bit more reticent at the start until her comfort level with the interviewer increased. It was clear from my initial phone call and during the interviews that participants wanted to share their stories.

Demographics

Ten individuals interviewed were married and currently living with their spouse. One was separated. Four of the contacts included two married couples, and all were married to the same person as at the time of death. All were Caucasian. Nine of the participants were women and two were men. Educational levels varied among the participants. Seven participants had high school educations. One participant had a cosmetology license, one had a college degree, and two did not finish high school. The remaining participants had high school diplomas. Three participants worked outside of

the home. One is currently a cosmetologist with her own shop which she purchased with funds from the settlement from her daughter's death, one gentleman is a truck driver, and the other works as a sales representative for pay phones. One gentleman classified himself as retired. Of the remaining individuals, one mother assisted her husband with the bookkeeping in his business, and the other seven women stayed at home being available to help with the care of their grandchildren, care for other children, or chose to not work outside of the home. The retired father was working prior to his son's death but made the decision not to return to work due to health reasons unrelated to the death. The spouse of the father who retired reported that adjusting to her husband's retirement created a few challenges but provided opportunities for support of each other. All of the participants expressed satisfaction with their choices and acknowledged feeling content with their work or non work choices. The two women who were working outside of the home enjoyed having the opportunity to interact with colleagues and earn an income. The mother watching children in her home believed she was providing help to parents who would otherwise not have quality care for their children, and the mothers caring for their grandchildren expressed the satisfaction that they were able to be actively involved in their grandchildren's lives. One of the mothers reported the grandchild she was caring for had been removed from one of her daughters due to drug and alcohol issues and she and her husband were the only reliable caretakers available.

The ages of the children who died ranged from nine to twenty six and included four females and five males. The mode of death varied and included six homicides by vehicles, one stabbing, a shooting to the head, and a young woman who had been bludgeoned and then set on fire.

Data Analysis

Overview

The individuals who responded to the letter to participate were evaluated to assure they met the inclusion criteria, and informed consent was obtained. The interviews ranged from one to two hours and included both audio taping and the writing of field notes which documented the researchers' observations during the interactions with the parents. The researcher transcribed the tapes while beginning preliminary data analysis.

Line by line open coding and constant comparative analysis was completed on all transcripts for a review of patterns, common threads, themes, and the development of multiple codes contained in the data (Strauss & Corbin, 1990). Level one coding, is the process of analyzing the data by providing initial codes and naming of the phenomena and conceptualization of the data, was the initial stage of analysis. During this stage, constant comparative analysis was used to break down observations, statements, ideas, and events with use of line by line analysis of each transcribed interview. The process of code identification and subsequent collapse of codes into categories during level one and level two data analysis provide a framework to identify and better understand the processes affecting bereavement following the violent death of a child. Level one to level two coding, created the categories that revealed the "core category of *experiencing the process and seeking renewal* experienced by all participants in the study. The seven categories identified include *telling the story, critical choices, seeking direction through faith, seeking justice, seeking support, relinquishing the child, and seeking ways of moving forward*. The codes and subsequent categories address behaviors and actions which generally resulted in positive bereavement outcomes for the parents.

In-depth interviews provided a wealth of information related to the death event, variables contributing to the bereavement process, and the way in which individuals have incorporated the death into their lives. Level two coding was then utilized to conceptualize the data by grouping concepts until codes collapsed and categories began to emerge. The data analysis was comprehensive and examined what was of interest and going on within the data with parents who had lost a child to a violent death.

Memos and field notes also provided data for analysis. Field notes included a detailed and descriptive record of the researcher's observations of events and interactions during the interviews. Memos provided a format to make notes of ideas, ask questions about the data, and review assumptions. Field notes and memo writing were a significant part of this process and completed on all transcripts. Through the process of data analysis, a series of categories emerged which began to identify variables affecting parental bereavement among this unique and vulnerable population.

Level three coding was completed to synthesize the overarching conceptual threads between categories and arrived at the core category experiencing the process and seeking renewal which represented the process for all participants. Five participants were re-contacted to confirm findings. Confirming findings facilitated credibility and provided additional structure to support the data analysis.

LEVEL ONE CODING

Getting the Call
Hearing the News
Reporting the News
Unconditional Sharing

Making Decisions
Saying Goodbye

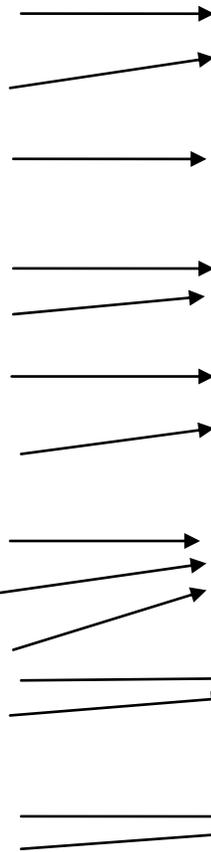
Spiritual Rescue
Forgiveness
Fate

Seeking Answers
Taking a Stand
Doing the Right Thing
Aggravated Frustration
Uncertainty

Seeking Solace
Code of Silence
Seeking to Console
Unconditional Support

Strength Revealed
Honoring the Child
Maintaining Connections
Letting Go

Redirected Energy
Reclaiming Control
Assimilating New Roles



LEVEL TWO CODING

Telling the Story

Critical Choices

Seeking Direction Through Faith

Seeking Justice

Seeking Support

Relinquishing the Child

Seeking Ways of Moving Forward

Figure 4.1. Level One and Level Two Coding.

LEVEL TWO CODING

Telling the Story

Critical Choices

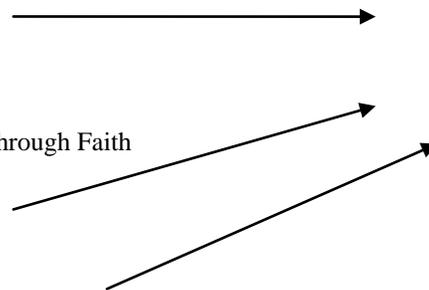
Seeking Direction Through Faith

Seeking Justice

Seeking Support

Relinquishing the Child

Seeking Ways of Moving Forward



LEVEL THREE CODING

Experiencing the Process

Seeking Renewal

Figure 4.2. Level Two and Level Three Coding.

First Level and Second Level Coding

The first set of codes identified during the data analysis included *getting the call*, *hearing the news*, *reporting the news*, and *unconditional sharing*.

Getting the Call.

Getting the telephone call was the way several of the participants heard the news their child had died or had been injured and in an ominous condition. Six of the participants reported receiving a call indicating an accident had happened and the child was either being transported or was already at the hospital. None of the participants were told over the phone that the child had died, but most knew the outcome was not favorable. For many, the call and that moment in time was life changing. The following is an excerpt from a mother describing when she received the phone call that her daughter had been found shot in the head.

I got a call from the police and the trooper was asking where my office was. I think I was too stunned to ask why he wanted to know. The police came in to work and told me my daughter had been shot in the head in a field sometime in the morning. She actually got up and walked to a house for help and thought she had been hit by a brick. The person who answered the door told her it looked like she had been shot and said she then passed out. They life flighted her. I broke down after they left.

Hearing the News.

Hearing the news that their child had died often followed getting the call and going to the hospital. Five participants were told that their child had died when they arrived at the hospital. Five participants reported hearing the news when the police went to their home or office to make the notification. One mother reported knowing her daughter was dead at the scene of the accident but hearing the news was confirmed by emergency services. All reported being shocked by the news but three parents acknowledged circumstances and behaviors occurring earlier that may have played a role

in or precipitated the death. All parents who received the news either by a “knock on the door” or a visit to the office intuitively knew the news was not going to be good when delivered by the police. One mother did report initially thinking she was going to find out that her daughter had committed some type of crime but shocked to find she was the victim. In an ironic twist, one family heard the news of the accident on their scanner, but did not realize it was her son who had been involved. This family heard the news not once, but twice. Hearing the news of the death was a pivotal point in the bereavement journey. One mother discussed when the family received the knock on the door: “The dog started barking and our dog never barks. It was the oddest thing. One of the boys came upstairs and said, ‘Mom and Dad, the cops are downstairs.’”

Mary was 20 and invited out with two girls who subsequently took her out into the woods, beat her, and then set her body on fire:

She was murdered on May 5th but we didn’t know anything about it until May 7th. She left our house on Saturday evening between 6 and 6:15. We didn’t see her and she didn’t call. My husband called me and told me that I needed to come to his office, he had something to tell me and I said, Ok what is it? He said “I’ll tell you when you get there, think the worst thing.” Well at that time the worst thing I could imagine was that Mary was in a car wreck and died. She had been in trouble with the law but they let her out on her own recognizance, so I thought maybe she messed up and she was going to be in jail. When I arrived, he was on the other side of the office with my father-in-law and two guys. I said, “Dad, what’s going on?” I kind of kept wondering who they were. The individuals told me about her being killed Saturday night and not finding her until Sunday. It was a shock, and it is still unbelievable at times. The trooper needed information about [my daughter] because she was burned beyond recognition. He needed her dental records. Everything on her was totally destroyed.

Another mother described the accident as it was relayed to her by the police:

There was a guy who was 21 and had been for just three months. I wasn’t told this for awhile, but his friends actually helped him get in his car because he was too drunk to get in by himself. He had a .26 blood alcohol. He was very intoxicated; in fact, he may have even passed out. They don’t know. My son was coming around the turn and this guy was coming around on the other side, and the police, the ones that were there that night, told me that my son applied his brakes because

there were brake marks on the road. He would have seen this coming and he put on his brakes and the guy kept coming at him. I am sure he yelled out, “What is your problem, get off the road, get out of my way, what are you doing?” and at that point he swerved his car over as far as he could to get out of the way but the guardrails just held him and the car hit him right head on. He died from head trauma.

Another mother shares her account of hearing the news:

She had been working at a pizza shop - and the two boys who picked her up were drinking and partying. I don't think she realized it. She got into the back seat and put her seatbelt on and didn't realize that they were really drunk until like halfway through the drive. They hit a pole. I assumed she died instantly when I got the phone call that night. When we got to the hospital, she was still alive but it was only an hour after we were there and the doctor came in and said she had died.

One child was stabbed to death by a suspected coworker after having been threatened on numerous occasions. His mother recalls receiving the call that she should go to the hospital:

We finished up eating, and this phone call came and it was his boss, and he said, “Is this his mom?” And I said, “Yes.” He said, “Someone needs to get to the hospital right away. Your son has either had trouble with a fellow employee or has had an accident.” I had to get my thoughts together and I called a few people and I told them to pray. I called my girlfriend and called my pastor.

Another mother whose son was killed described getting the call:

I can't tell you what time of the night it was or morning. I remember the phone rang, and getting the call that we always pray we won't get. As a mom you kind of hold your breath and the phone would ring and hope it's the wrong number. I got that call and it was the hospital and they said who they were and asked if I was his mom and I said yes and then they said my son was in a terrible car accident. I lost it at that point. I knew it was bad. You just know it was bad, and then I heard them say something to the effect, do you have somebody there with you? I really knew it was bad then. They didn't have to say another word. I just screamed and dropped the phone. My husband jumped out of bed. I don't remember if he picked the phone up. Some of the things we've never really discussed, you know, it's kind of a blur.

Reporting the News.

Reporting the news is a code which emerged related to how death-related news was either shared or received. Death-related items may include obituaries and assorted coverage in the newspapers or television reports. Coverage typically included

information about the accidents, and judicial updates. Parents not only had to work through the death of their child but also deal with the media surrounding the event. One mother shared her thoughts: “You can see all of the articles that were in the newspaper from here to Pittsburgh and back again. Just one article after another. They sensationalized the trial.”

Another reported hearing information about the accident that caused her son’s death on the television: “We didn’t know anything but on the 6 o’clock news things started coming on and a couple of our friends came in and we were sitting around just in shock.”

Another parent reported that the newspaper provided frequent updates on their trial. She reported, “People came to the trial every day. We had sixty people on our side and he had five. It was written up in the newspaper articles.”

One mother and father shared a box which contained articles collected during the course of the trial for the man who killed their son. The papers provided tangible evidence to explain their experiences. Unfortunately, the media was often not a source of support. Parents reported learning about their case by reading the paper or watching the news, and they found the information was not always accurate as well as finding themselves and their families in the media by circumstance and not by choice. Coverage often included stories about upcoming preliminary hearings, and the person who caused the child’s death. In one situation, the person responsible had been in another auto accident with property damage and was arrested for driving with a suspended license. Reading the story resurrected feelings of frustration and anger that he had the potential to cause additional harm.

Unconditional Sharing.

Unconditional sharing provided the opportunity for the parents to tell their story in a supportive environment. Despite the vulnerability of the population and the sensitivity of the topic, all of the parents shared the story of the child's death with this interviewer in an open and engaging manner. All reported feeling comfortable with the interviewer and pleased they were contributing to what all referred to as a worthwhile and much needed study. A few of the participants reported they were surprised how much they were sharing with the interviewer about the circumstances of the child's death and anecdotal information that was not common knowledge even among some of their friends and family. One father whose son had been stabbed reported sharing feelings and concerns that he had not shared with his wife until the interview. Four parents shared their experiences with their child's previous acting-out behaviors such as alcohol and drug use, as well as conflicts with other individuals.

Level one coding led to the codes *getting the call*, *hearing the news*, *reporting the news*, and *unconditional sharing*, which came together to create the level two coding and the first category described as *telling the story*. *Telling the story* was very important to the parents and provided an opportunity to share not only how their child was injured and his/her subsequent death, but how they were notified, disseminated the news, and shared their story. This was a pivotal time for many in their bereavement journey and described as the most difficult part of the death experience. Many parents became tearful talking about the child's death but always remained composed. A rapport and sense of trust was established quickly between the parents and interviewer. All parents exhibited comfort with the interviewer and a genuine desire to share their experiences. Parents wanted to

begin the interviews by telling the story of how their child died and continued on a reflective course of sharing during the interviews. For parents, it was evident that they wanted to make sure their child and the circumstances surrounding their death, good or bad, were not forgotten. Holding onto memories of these life-changing events is important and the opportunity to share was appreciated by the parents as evidenced in their thanking the interviewer, requests to read the final study, and hugs at the conclusion of the visit.

Second Coding

The second set of codes identified during the data analysis included *making decisions* and *saying goodbye*.

Making Decisions.

The code *making decisions* included choices which often needed to be made quickly, without any previous experience to facilitate the process. Talking about the decision was clearly important to the parent and validating whether they either made good choices or were experiencing regret. One area discussed included the parent's decision to view the body after the death. One mother acknowledged seeing her child earlier in the day and was comfortable that she preferred to have the last image of her child be of her alive. One mother stated, "I didn't know if I wanted to see him the way he was. You never think about that."

Another mother felt compelled to share that her husband did not want to see their son dead and she believed it directly influenced his ability to accept the death. She was very critical of her husband's choice not to see their son in the hospital, feeling he did not have the opportunity for closure. She believed she was getting along better than her

husband because she made the decision to see her son's body. The parents who saw their child's body reported it was not a difficult decision and a decision they would make the same if presented with the situation again.

Included in this code were also decisions related to making funeral choices. One mother discussed the decision to have her son's funeral with the two other boys who were killed at the same time, to facilitate members of their small community the opportunity to see all three boys.

We decided to have all three boys laid out at the funeral home in different rooms. There were over a thousand people who came through that funeral home in that one day and the funerals were all held together. We weren't Catholic but our preacher was allowed to preach and be part of the ceremony. I was glad we decided to have an open casket. You couldn't tell any of the boys were injured. They just suffered severe trauma to their main organs and you couldn't tell any of them had been injured.

Another mother describes her experience following the decision to see her son in the ER:

If I didn't, I would probably always regret not seeing him. So my husband and I went back and they had cleaned his mouth. I remember there were all the hospital personnel and they were all staring at me. No one said a word, they just stared at me. It was so cold. We went over to the little cubicle and we prayed that maybe they made a mistake, but when they opened the curtain his mouth was open and all twisted and he had a horrible look on his face. It was horrible. His eyes were wide open and they were staring at me. He had a bandage around his head so I couldn't see his pretty red hair. I touched him and he was cold.

Additional decision making included caskets, selecting cemetery plots, and choice of clothing for burial:

It is hard when you have to go in and pick a casket out and then you have to go to the cemetery and pick out a place to lay them. My sister-in-law said it looked like he was going on a hot date with a purple shirt on, black pants and a silver tie. I had a black shirt picked out that he wore three weeks earlier but my daughter came down and said don't wear black on him.

Saying Goodbye.

The manner in which parents said goodbye to their child varied and was discussed by all parents interviewed and described as an important variable. Sometimes saying goodbye happened in the hospital, the funeral home, or both, and despite where the parent felt their last goodbye occurred, the act was usually considered difficult. Parents never described feeling detached from their child, but rather recognition that the death brought finality to the physical relationship.

One mother made no apologies for taking pictures of her son in his coffin and provided clear rationale for her choice:

I didn't want people to think I was trying to be morbid. I thought people might see his coffin and think I was trying to be morbid but you know, it's comforting for me, and like someone said, it's his home now.

The opportunity to say goodbye was not limited to parents. In one community the firehouse where the child had volunteered provided a special goodbye to recognize the boy. His mother described the occasion:

Whenever the firemen came to the house that night, they said we would like to give him a fireman's funeral and asked if that would be ok. He went on to say that they wanted him to ride on top of the fire truck rather than inside the hearse because he never got to ride the fire truck so this would be his first and final time. I said he is probably up there smiling, saying, "I get to ride a fire truck." It was quite beautiful; they had the two ladder trucks at the cemetery and had a gentleman play taps on the bugle, and at the end they rang the bell.

For one mother, the opportunity to say goodbye also brought disappointment when she reported that her son's eyes were open when she saw him. She felt the staff did not adequately prepare the body to avoid frightening her. Despite this occurrence, she stated she would not have wanted to miss the opportunity to see her son. The remaining participants reported good support from nursing staff, physicians, or family. One mother reported meeting a woman in the emergency department but did not recognize the Blair

County Coroner; the mother spoke of how kind the woman was, and how supportive. She assumed she was a staff member of the hospital.

Another mother reported on the following circumstances when she saw her son:

I went in and amazingly, I didn't fall apart. I just went in and touched his hair and his arm and we talked about his eyelashes and hair. He had just gotten it frosted that day and I was telling the nurses about it. I just remember the nurses all standing around the bed with tears in their eyes. It was a tear that I knew that they were parents and they were coming to me as a parent. My sister and I went in the first time, and he started to bleed from his ear and I asked the nurse if she could put something in there. She gauzed it right away and I remember his mouth being opened and his teeth were still intact but they were shifted. I figured he must have broken his jaw. The coroner said they did not need to do an autopsy on him because they knew the cause of death was his brain. When my daughter came in, she went to the floor and I'll never forget her words, "Not my baby brother." I inadvertently looked when they were bringing in the black bag type thing. I didn't want my husband to see that and I mentioned to my sister-in-law not to let him look but I think he did see because then he said we might as well go, there's nothing else we can do.

Level one coding led to the codes *making decisions* and *saying goodbye* which came together to create the level two coding and the second category described as *critical choices*. In many cases, decisions needed to be made quickly, without feelings of remorse, which proved to serve as a source of comfort to the individuals. Parents often reported feeling they made the right decision during difficult times and would not do things differently if given the opportunity. There was a sense of pride that they did the "right thing" and their child would have approved of their choices.

Third Coding

The third set of codes which emerged during data analysis includes *spiritual rescue*, *forgiveness*, and *fate*.

Spiritual Rescue.

Spiritual rescue was a code which emerged early. All of the parents interviewed verbalized unwavering faith, absolute certainty, and blind assurances in their spiritual beliefs which served as a source of support and constant connection in their daily lives. The terms *spirituality* and *faith* were used interchangeably for many and were typically associated with strong beliefs in God's strength to guide their lives both pre- and post-death. All of the parents were affiliated with a church group and attended with varying regularity but attributed a large source of support as originating in their church community and their relationship with God. Reading the Bible on a regular basis was important and Bibles were visible in four of the homes where interviews were conducted. All of the families talked openly about how their relationship with God evolved and how the relationship with a spiritual connection helped the healing process. All of the parents were involved with the church prior to the death. The relationship with God was long-standing.

Church activities included Bible studies, attending services, and being active in Sunday school. Of interest, none of the parents interviewed blamed God for the death of their child but rather voiced a sense of peace knowing their child was in God's hands. The participants interviewed were able to identify faith as one of their most effective support systems, which also influenced other family members as well. The process of healing began with blind faith in God. It was very important for one of the mothers to tell me how God had entered their lives years earlier; she reported that it was shortly after an evangelist visited that her life changed. She stopped wearing miniskirts, stopped drinking alcohol, and stopped swearing. She and her husband went on to discuss how

initially he was reluctant to join the church, but agreed that if he joined, he would commit one hundred percent to being involved with all activities associated with being a member. He held the Bible during the interview and became tearful when he talked about how God changed their lives. He went on to say his son was faithful which gave him peace of mind.

Ten of the parents interwove discussions about God throughout the interviews, while one respondent addressed her relationship with God once during the interview. Respondents appeared very tranquil, with a visible sense of serenity, while discussing God's role in their lives. One mother stated: "I am really involved in Christian work. I have a Bible study on Friday mornings and that's really been my support through this whole thing with the death of my daughter. That's pretty much what's gotten me through."

Another mother shared her thoughts on her daughter's death:

You know we have to think that we had her for nine years. Not that we *only* had my daughter for nine years. Be happy for that. I would have liked to have had my daughter longer but it's not for us to say. When you're faithful, I think that helps, because I see people that aren't faithful who don't believe in heaven.

Another mother reported:

I always had that spiritual side to me as a child and so that became my sanity and my entire life. It was tough because I couldn't focus on anything but reading. I couldn't stand laughing. I just had to focus on reading. I kept the Christian bookstores really busy. I spent every penny on books.

The role of spirituality and faith in the bereaved provided a strong foundation for the category of *seeking direction through faith*. All parents interviewed provided examples of the ways in which faith eased the pain of bereavement and allowed the healing process to continue. All participants reported their faith was a significant variable in dealing with the loss of their child and maintaining the integrity of their families.

Forgiveness.

An act which contributed to serenity among all but one of the individuals interviewed was the code of *forgiveness*. Forgiveness was often tied to the role faith played in the parents' lives and provided refuge during the bereavement period. Forgiveness did not mean excusing the individual for their behavior but surrendering the anger which may have impeded the ability to move in a new direction. Forgiveness was not isolated to the people who caused the death but individuals who were also perceived as unavailable for support. One of the mothers shared her feelings for the boys who killed her child, stating:

I don't have any bitterness or anger about them. I really didn't know him [the boy who was driving]. I met him once or twice. They were just kids that were making bad choices. I am sure he loved and cared about her. It wasn't something that was intentional.

Forgiveness was also described as the ability to find hope that the individual who may have been driving car which killed their child or the person who attacked their son or daughter would take the opportunity to learn from their mistakes and turn their lives around. Several parents hoped that they would allow God to enter their lives. One mother said it would be very difficult to forgive the person but that she did not hold ill will against the person or their family.

One mother described the day she was in the courtroom and the young man who killed her son said that somehow he prayed to God that someone will forgive him, and she said at that moment she did. Another mother remembered telling the young man who killed her son that she did not hold any animosity against him for killing her son, and she did not harbor any bitterness because it was a fruitless endeavor. All of the individuals reported that without faith there would not be healing. The parents reported a sense of

peace knowing that their children were in heaven. Strong faith was the catalyst to facilitate the healing process.

Another mother reported on her journey to forgiveness, stating:

The hard part is someday living up to forgiveness and still getting angry. If I forgave, I shouldn't have days when you think, What was wrong with you, why did you have to go out and get so drunk? Why did you do that to my son, he didn't do anything to anybody. Then I have to take that breath and I just wish it wouldn't have happened. I miss him so much that it hurts everyday and it tears at me and it breaks me down. I feel like I have no strength and I have to search further and further in myself to pull out that strength that I don't even know I have. This is absurd, putting myself through this time and time again; I must be crazy. When I say I am not going to do it anymore, somehow God twists something around and He makes me see that I have to do it again.

Fate.

Fate was a common code with many of the parents. Fate appeared to serve as a way to protect the parents and serve as a source of comfort. Five of the parents who shared stories of fate-type incidents appeared comfortable sharing their experiences and that it all somehow "happened for a reason." The experience perceived as fate provided either a sense of control or a link to the child who died and was shared in five of the interviews. Fate for the purposes of this research is described as "the supposed force, principle, or power that predetermines events." This was often described as a way of connecting or reconnecting with the child either pre- or post-death. One mother who was not at home when initially called with the news that they had found her daughter's body reported:

I think it was God's way of making it so I didn't have to hear the news on my own. Maybe they would have waited until someone was at the house or maybe waited until my father-in-law came home. We live on the other part of the house. I thought about that and being God's way of working so I wouldn't receive the news by myself.

Another mother reported:

I was just going to tell you about the night that it happened and how people are meant to be there for a purpose. The group of people who collected that night and how there were friends of ours who actually got down to the car and were with [my son]. He wasn't conscious at the time but I think he knew that they were there. I just believe that God was sending his angels for him but decided to wait to die until he was out of the way from [his girlfriend].

Another mother reported:

I have to tell you that two weeks before this even happened, I kept having these incredible feelings for [my son]. Fear of something overwhelming and I would keep saying everything's good with him, and his job is good. He just got a raise. My [son] was on the honor roll at school. You know everything's going good why I keep having this? I'd even wake up in the middle of the night with this scared feeling and I said to my husband that I can't figure this out I wake up in the morning and I have this intense, can't explain it, feeling [for my son]. I don't understand it and then when this happened it was like, this is it.

One mother and father discussed an unusual happenstance when a relative arrived from out of town the day their son was stabbed to death. The relative rarely visited but was able to drive the mother to the hospital when she received the call:

We went outside and were in the front yard planting grass seed and pretty soon my sister from New York came up the street in her little car. I said what you are doing here? She always calls and says I'm coming. I was totally shocked and she said, "The Lord told me to come." I didn't think too much about it at the time.

A mother recalled the last time she and her daughter spoke:

I believe that it was a gift from God because it would have been so much harder if I wouldn't have been talking to her at the time. Before we left the pizza shop that night it was really crowded and there were people all around the counter wanting service. I kind of like motioned for her that we were leaving and it was just the way she said it. My daughter emphasized "Mom." My daughter said, "I'll see you later, Mom," like she wanted people to know I was her mom. I feel like that was a gift from God. I could see God's hand in all of it. People don't want to see it even through the tragedy of it all; I believe there is a reason for all of this. It's like a quilt and underneath it is all rough and you just can't imagine anything beautiful coming out of it, but then you flip it and see the beautiful design. We really can't see it yet and won't be able to see it until we get to heaven but I know that it's there and you know that's where my hope lies.

Another mother stated:

We are strong through the Lord. When you look back on everything that happened, we feel that God has been in there from the very beginning for us. My mom and dad were down in Florida visiting my sister when we got the news. I called my sister-in-law and she told me she would take care of telling my family. They wanted to fly up with my mom and dad so they would not be by themselves and they were able to get one more flight really cheap. Different people wanted to come like my brother in California but it was going to cost him a thousand dollars or so and they don't have that kind of money. She got her ticket cheap days before and we feel that it had to be there for mom and dad so they could fly home and they got all seats together you know that is pretty unusual for things to work out so close like that.

Level one coding led to the codes *spiritual rescue*, *fate*, and *forgiveness*, which came together to create the level two coding and the third category described as *seeking direction through faith*. The codes described provided a framework for healing through the grace of God. A central theme of this category was the acknowledgement that the parents' lives would go on after the death of their child. Collectively, all parents acknowledged that their pre-death belief in the Lord and unwavering reliance on prayer helped to maintain their well-being and the integrity of their families.

Fourth Coding

The fourth set of codes which emerged from the data are described as *seeking answers*, *taking a stand*, *doing the right thing*, *aggravated frustration*, and *uncertainty*.

Seeking Answers.

Many parents described actions and feelings which reflected the need to seek answers to questions related to the child's death, the person who killed their child, the extent of the injuries, the care provided to their child at the scene of the accidents, how the body was managed in the acute care facility, and in the funeral home until the time of burial. Parents were also vigilant in seeking answers which may facilitate what was perceived as the justice system maze. Parents wanted to know who had information that

could help them and became vigilant in the quest for answers. No one interviewed made any apologies for being persistent in an attempt to seek the truth. Several of the mothers reported feeling as if they might be badgering or harassing the DA's office in an attempt to find out "what was going on" and voiced frustration over the "system" when hearing or reading news about their case before they were called with updates.

Another interesting finding was the lengths to which mothers would go to in an attempt to have questions answered. The quest included calling hospital staff, the coroner, or emergency personnel to ask questions. There was a "Go get it" attitude that even mothers said they were surprised by at times. This "Go get it" attitude was not as evident in the two fathers interviewed, who deferred power to their spouses. One mother stated:

Sometimes if I have a question I just call [the coroner]. She'll tell me. I know one night when we met in December, I said I never thought of anything about it until a couple of weeks later and then I said it just really bothered me that he had to lay up there in the morgue and it seems so cold and I said it just didn't seem right. The [coroner] proceeded to tell all about what their morgue was like and what she does for her corpses. The [coroner] says it's a nice bright room and I cover my patients up. She said the nurses get ticked off at me and the funeral directors get upset because there are no tags on them and I tell them they got their wrist band whenever they came in the hospital. That was pretty comforting.

This same mother went on to say:

I asked the coroner last week whenever we talked if [my son] had been broken up and she said he wasn't. She said he didn't have any broken bones with his legs or anything like that. I also said I noticed whenever I went to tell him goodbye at the funeral home I could feel plastic under his body and [the coroner] said it was because he was an organ donor and explained it to me. I probably could have asked the funeral director but I think because of what he does and when I told him about different things he came back at me like it's not important, but that's part of what I need to find out.

Another mother talked about a conversation she had with the coroner:

I called her one day and said, I am trying to alleviate some of the thoughts out of my mind and pain, and need to know if he died instantly. You know, did he suffer? The coroner explained to me exactly what happens when you die like that.

And she said you don't need to worry, he never suffered. I talked to her for probably about an hour and a half and she never said she had to go. She was very helpful.

Another mother discussed her conversation with the coroner:

I spoke with the coroner because she said if there was anything that I wanted to know that she would try and find out for me and answer any questions if she could. I wanted to know about my son's last seconds and what they did. I didn't know anything. She went to the hospital and found out who was on duty that night and talked with them. She called me and allowed me to ask her any questions I wanted and she tried to answer everything. She said he was alive when he got to the hospital and he had a strong heartbeat but he was brain dead and there was no way he could survive. Even though it was hard to hear these things, I really needed to know. She said there had been a nurse with my son and that she had held his hand and thought she recognized him. That is how they called my mother. My mother was alone when they called and she told them to call me.

Taking a Stand.

One of the codes which emerged is the process of *taking a stand*. In the case of seeking justice, individuals not only took a vigilant approach to finding answers but also took a stand to become an active participant in the justice system. This was one of the turning points for the parents who sought justice for their children. Several individuals reported surprise at their tenacity for seeking resolution and found this to be a strategy which would prove to be very empowering. Parents reported having to take the initiative when they felt their case was less of a priority or people were being insensitive to their need for answers. Insensitivity may take the form of not returning calls, the perception their cases were less important than others, or feelings of being victimized through the judicial process. One mother reported what a common call to the DA's office may sound like:

I call the DA about every three months and just kind of catch up. Sometimes I'm really frustrated and almost yelling at her and bawling my eyes out calling her but she is understanding and tells me she is doing her best. The other side keeps getting continuances and the defense was blaming the accident on me at first.

The same mother talked about her involvement in assuring the proper tests were completed to prove charges against the driver who killed her daughter while drag-racing on a busy boulevard. This mother reported taking an active role in the legal system to assure that justice was served. For many, this was a new test of their coping skills.

By the time they got him to the hospital and tested him, his blood alcohol level was a little low, but we did the back testing. When it comes to the trial whatever happens because with this back testing, we have this guy. I shouldn't even be talking about this but we have this guy and he has been basically telling us what the driver ate and drank throughout the day so we did our back testing based on that. So as long as he continues to say the same thing it might stick. If it gets too confusing and the jury doesn't accept the test, then he will just get sentenced as if he wasn't drunk. He was definitely impaired.

Another mother shared her opinion on the sentence handed down to the man who killed her daughter:

They need to pay the price for this. You just can't let it go with just smacking them on the hand and say it's no big deal, because it is a big deal, and if she was behind that wheel, I would want her to pay the price for it, too. I'm not even sure if two years are enough. I think it is three to seven and they offered him a plea bargain. I don't think that the DA wanted to offer him a plea bargain; it was just a hard thing to decide what to do. We just felt like we should let it up to our attorney to decide. He was out working on work release almost every day so I just hope he learned from it. I have no idea where he's at today. I am sure he thinks about her every day.

Another mother reported hearing the verdict of the man who killed her son:

Everyone thought he was going to be found not guilty and whenever the jury was coming back in, everybody sat down and was quiet. We sat down and all of the sudden the entire courtroom lined up with sheriffs' deputies and people who stayed at the courthouse to hear the verdict. I guess they were expecting trouble if there was a not guilty verdict. They came back in and said guilty and everyone jumped up and down.

Doing the Right Thing.

Most parents wanted justice but were not vengeful. Many described wanting the person who harmed their child to "get what they deserved" and others were active participants through the court system, working closely with law enforcement and

attorneys, and attending court cases. For one family, the intensity was heightened when confronted with delays, drawn out days in court, and concern they may not have adequate counsel. One mother explained one of her biggest fears was her attorney's lack of attention to her case and the fact that he "looked like a little boy in his dad's suit." She reported he was chronically late for all proceedings and believed the opposing attorney was more professional, leaving her feeling uneasy about her daughter's representation. Most parents hoped the perpetrators would receive the maximum sentence, which included the death penalty or life without parole. The most common thread involved parents who felt frustration over having unanswered questions, feeling they were not kept up to date with new findings, and hearing news through the community or in the media about the progress of their legal proceedings. Interestingly, many parents report their communications with the coroner to be very reassuring. Several also described that even though they often had to take the initiative, several of their attorneys provided case updates which they found helpful.

One mother described her satisfaction with the outcome of the trial of the two girls who murdered her daughter:

It's over. They were both life sentences without parole. We wanted the death penalty but mainly we wanted justice and we got justice because they will never walk unless the governor would step in and do away with the no parole, but for now they are in jail for the rest of their lives.

Aggravated Frustration.

Inevitably, many of the parents reported feeling frustrated and disillusioned with the justice system, and lack of the support they believed they should have received. The impact of not only losing the child, but then feeling abandoned by the system they believed would help, was a disappointment, and often times a motivator to take a stand.

The most common thread was parents who felt frustration over having unanswered questions, feelings they were not kept up to date with new findings, and hearing the news through the community or in the media about the progress of their legal proceedings.

One mother expressed her frustration with individuals (as well as the interviewer) when she hears the word *accident* used to describe how her son died:

I just wanted to tell you this because it is something my husband feels very strongly about and I do too, because drunk driving is not an accident. You drink of your own free will, you get in your car on your own free will, and therefore anything that happens from that point on is your own doing. Please don't call it an accident.

Another mother expressed frustration reflecting on her daughter's funeral. She stated, "All I could think about is that there will people going to the funeral just to look and be nosey because she was a murder victim."

One mother's frustration originated from believing she knew who killed her son due to a series of altercations prior to his death. She reported trying to encourage her son to leave the job he was working, where he had been threatened:

Every month this woman would threaten him and she kept saying, I'm going to hire thugs and kill you. He didn't tell me at first. One day when I was doing the laundry and going through his pockets, I found this little package of Pepto Bismol tablets. He spilled the beans and told me what happened. In February this woman came in on her day off and wired out at the boss and said, Why did you keep him? Why did you hire him? I hate him. She went on for about twenty minutes while he was working and said, "I'm going to hire thugs and kill you." I tried to encourage him to leave this job and said why don't you go work at the Christian radio station? I know people over there.

The mother of the child whose body was burned voiced frustration that the baseball bat used to bludgeon her daughter was never found. She believes the mother of the girl who killed her daughter knew where the bat was:

I think she knows where the bat is that was used because they never found it. They said they burned it, but they don't see how it could have possibly been burnt because they found everything else. I feel she knows where it is but she is not

saying what she knows. Of course you have to have proof. I didn't need any more hassles as a mother grieving her child. Both girls were given life sentences without parole. We wanted the death penalty, but mainly we wanted justice and we did get it because they will never walk unless our governor would step in and do away with the no-parole law, but for now they are in jail for the rest of their lives. They will never get out. We didn't know if they would get the death penalty but we were going for it. Not because we are mean people, but because they took our daughter. They didn't give us any choice in the matter. At first the judge said they were not going to consider the death penalty but then they decided yes they can go for it. The trial was supposed to be in January or February but she pleaded. They talked her into pleading because if she went to trial she would most likely be found guilty and face the death penalty because she planned the murder. We told the DA that if they go with life in prison, we are good with it and it would mean we would not have to go to court.

Another mother discussed her frustration while attending the trial for the man who killed her son.

I think my sister actually got yelled at by the judge for making a noise during the trial. From then on, everyone tried to stay extremely quiet. At one point they called us over and said, The jury has not been out very long and that is usually not a very good sign. I hope that doesn't mean that we went through all of this to find out he's not going to be found guilty and I said, I am not listening to you and everybody started crying.

Another mother voiced concern at the possibility the man who killed her son may be released from prison early:

We learned that after they are in jail and serve half of their sentence, they can request to be released. I never heard of such a thing. We thought when you get three years, you serve three years. We were notified by the victim advocate that we could write to the judge and the panel if we did not feel that he deserved to have pre-release or serve his entire sentence. I have to believe there has to be rules and you must obey them. If you don't have rules, you will have chaos. My family and I called my friends and said we need you to write a letter to explain why he has to serve his sentence. We all did and he did not get his pre-release. He served his three years.

Uncertainty.

Uncertainty was a common code among parents. *Uncertainty* included insecurity and often feelings of anxiety. One mother described her uncertainty while her daughter was in the critical care unit. *Uncertainty* encompassed a broad range of areas including

fear of the unknown and worry about the outcomes of court hearings and judicial proceedings. For one mother, uncertainty was fear that the man who was believed to have shot her daughter would try to harm her, her spouse, or other children, since he was known by the family. She went on to describe taking different vehicles to the hospital to see her daughter before she died and traveling on back roads to avoid being seen and reported feelings of paranoia. Seven of the participants interviewed voiced feelings of uncertainty while they were waiting for the final outcome of the trial for the persons who killed their children. The uncertainty often led to feelings of dread and created turmoil in the family unit.

One mother described the uncertainty and concern over not knowing who shot her daughter:

I think the hardest part of all was not knowing. I sort of knew it had to be drug-related. I was so scared and the sheriff's office had security 24/7 at the center. They were very concerned that someone might try and finish the job. Traveling back and forth I took different cars and would go different routes. I was scared out of my mind. I had a cell phone. When I left here I was scared to death for my family because they didn't know if she was dead or alive and I didn't know what she might have known. I wanted to be with her but yet I was scared to be there and I was scared to drive. When I got into the parking garage and anybody was acting strange; I turned around and just kept watching. It was terrible, the paranoia.

Another mother recalled her uncertainty when discussing her daughter's death as well as the details of whether she should or should not attend the court hearings:

All I could think of that first week was getting through the viewing and the funeral and not being able to see my daughter with the closed casket. So we had to get through all of that. She was killed on the fifth, the viewing was on the tenth, the funeral on the eleventh, and Mother's Day was the thirteenth. I had to deal with all of that after telling my daughter goodbye. They called to set up an appointment so we could talk to the DA. Of course I didn't want to do it but they called back and said you really need to meet so we can get information. A friend of my mother-in-law was a sheriff and he told her not to encourage us to go because this is where they get into the nitty gritty and the DA would give all of the evidence about how she died. He said they do not need to hear that much right

now, so I did not go. Later the trooper came and talked to us and asked about her jobs and her nicknames. He told us what happened, how she was killed, and how it even shocked him. He had been a police officer for many years and it still knocked him out of his chair when he realized just what all they planned on doing to her. We went through a lot of frustration during the pre trial.

A mother clarified her uncertainty by asking the coroner how her son had been cared for in the morgue:

The [coroner] proceeded to tell all about what their morgue was like and what she does for her corpses. The [coroner] says, it's a nice bright room and I cover my patients up. She said the nurses get ticked off at me and the funeral directors get upset because there are no tags on them and I tell them they got their wrist band whenever they came in the hospital. That was pretty comforting. She said to me, the more questions you have answered, the less uncertainty there is.

It was interesting to find that many parents reported their communications with the coroner helped to alleviate feelings of uncertainty, by making herself available for consultation either in person or by phone. The Blair County Coroner is a licensed practical nurse who won the election several years ago and has been very visible in her role. She is very vocal regarding the importance of assuring "her families" have answers to questions and are never left wondering about details about their child's death that may impede the healing process. She believes that not only being a licensed practical nurse helps in her role, but also being a woman and mother of five children helps facilitate her compassion and ability to connect with parents. She encourages the parents to contact her at any time with questions and assures them that she will provide any information available within the scope of the laws that govern her position. She has been an advocate for families and often in the news for her no-nonsense approach to how much information related to a case is accessible by the media.

Level one coding led to the codes *seeking answers*, *taking a stand*, *doing the right thing*, *aggravated frustration*, and *uncertainty* which came together to create the level two coding and the fourth category described as *seeking justice*. *Seeking justice*

was described by many parents as a critical variable in the bereavement process and includes behaviors and emotions which began when they heard the news about the death, saw the body, or followed their case through the judicial system. This period of seeking was often marked by a wide range of feelings such as frustration, negativity, anger, disappointment, feelings of accomplishment, satisfaction, and resolution. The intensity of seeking justice varied from individual to individual and was occasionally determined by their spiritual beliefs and external support. Many parents wanted justice but were not vengeful. They often described wanting the person who harmed their child to “get what they deserved.” During the interviews it became apparent that the participants who were active participants in the court system working closely with law enforcement, attorneys and attending court cases appeared to have favorable outcomes related to bereavement with parents reporting being an active part of the process. This category provided a forum for the work towards assuring that justice was served.

Fifth Coding

Another set of codes which emerged from the data include *seeking solace*, *code of silence*, *seeking to console*, and *unconditional support*.

Seeking Solace.

Seeking solace was an important variable discussed by all parents. Support as reported by parents included spouses, family members, coworkers, advocates in the judicial system, including the county victim witness advocate, and the coroner. All participants except one were married to the same person at the time of the interview that they were at the time of the death. Many were long-term marriages that were reported in several cases to have become strengthened by their quest to support each other and/ or the

family and worked with each other to strengthen their relationships. Surviving the death of their child was a common goal. All participants expressed that their marriages had periods of turmoil prior to the child's death, but they were committed to the relationship and the same efforts carried into the bereavement period. One participant described how she and her husband worked together toward a common goal.

One mother described her thoughts on supporting her husband and other family members:

You know it takes a strong marriage to survive something like this. It's one of the hardest things and you just want to blame somebody for what happened. A lot of times couples blame each other, so you have to be very gentle with one another. I'm telling you, my husband and I were so good to each other for I'd say about the first two years and so easy on one another and then you start getting back into life again. I have a really good family on each side. I am really close to my sisters. I knew if I ever needed to talk to anyone, that I could call one of my family members. I knew my church was praying for me and I knew my mom's church was praying for me and I could call her preacher and his wife any time day or night. I knew I could call [the victim witness advocate] if I needed to. I really didn't think I needed counseling but that was just because I knew I had people to back me up. I don't know how people can get through this without family.

Another mother shared her experiences with her husband following the death of their daughter:

My husband and I drew closer to one another with all of this but I could see where it could interfere, especially the sex part of it. You think, How can I do this? and How can I be happy? But we got closer. We cried together and there would be days where I would be the strong one and then maybe the next day he would be the strong one. We got closer with one another, but we always did have a close relationship.

Other forms of seeking support came in the form of communication. In several cases the parents reported feelings of isolation and the need to make attempts to relieve the other person's discomfort. One mother described feelings of isolation.

There were some of my friends that basically I never spoke to since. They completely freaked out. They were just never able to figure out what to say or how to say it or they didn't want to intrude or whatever, and then I would see

them out and be basically chasing them down. I am the real comforter and, you know, always trying to make everybody feel better about it.

Support did not have to be in the form of family but any perception that there was someone available if help was needed. At times, the best support was provided by non-family members such as the Blair County Coroner or the victim witness advocate. The relationship between the coroner and the families was unique in that the coroner was actively involved with the families and made herself readily available to answer questions and share findings.

The victim witness advocate was also a source of support, frequently engaging families in a variety of activities to support each other and maintain a bond of support. The victim witness advocate is responsible for organizing a “sing out” event held annually for families to become involved. This event is open to the public and includes an evening of families sharing their stories with an opportunity to sing songs of worship. The Sing Out is held at a local church and aired on the local public access channel. Participation is voluntary and has been well-received. Both the coroner and the victim witness advocate are women with children, who are very vocal about “taking care of my families.”

Support also was provided in the form of support groups and connecting with other parents experiencing similar losses. Two mothers found solace in support groups for bereaved parents and found the opportunity to connect with parents with similar circumstances to be comforting. Other mothers said they were made aware of the group’s availability but did not believe they would either be comfortable in this setting or find value in the experience.

Another mother reported on the support she received on the morning her son was killed: “Our family was fantastic. By 5am my sister came in the backdoor with a can of coffee. I am telling you our house was filled with people for months.”

The generosity and support demonstrated at a funeral was acknowledged by one of the mothers:

The church was crammed with people, and we had so much food and so much money given to us, it was unbelievable. We did not have to have anything bought for the funeral, that’s how big it was. You’ll never know how many people were there. It was unbelievable what people did for us. You know there wasn’t anyone that came through the funeral home we didn’t know. They came in droves. It was unbelievable.

Another mother described an unusual source of comfort as described by her daughter:

My daughter wouldn’t allow herself to go to sleep. She said when she started to go to sleep and dream about him she would make herself wake up. I questioned her and said, You know he is not going to hurt you. He just wants to come and let you know he is ok and he is not going to give up until you let yourself see him. She said one night she heard footsteps out in the hallway and she thought it was me getting up to fix the fire. She laid there and heard them but wasn’t frightened. She said she heard the footsteps up in his room. The next night she had a dream she went up to his room looking for something and when she turned around, she saw his feet sticking out the bottom of his blanket. When she pulled the blankets down, she started to scream and yell and he looked at her and she said, What are you doing here, you died. He said, I just want to sleep in my own bed for awhile. She came downstairs screaming and yelling and she said, Mom and Dad, do you see him, do you see him, and we said, Yes, we see him, he comes to see us all of the time. She said she felt comforted by that. She said they talked about his funeral and about how impressed he was with the amount of people who came to see him in the funeral home in the pouring down rain.

During two interviews, mothers described grieving the loss of their children before they died. One mother stated, “You really call out for all of the help you need. I think God was preparing us for her death for awhile. The grieving started a long time

before she died.” Solace was interpreted differently for participants and experiences varied from helpful to non-helpful.

Code of Silence.

All of the bereaved parents reported some level of disappointment at some time after their child’s death when they found, family, friends, co-workers, or others avoided them in an attempt to not talk about the death. Whether real or perceived, participants believed sources of support were at times emotionally unavailable. Sometimes the lack of support took the form of avoidance while other times the subject of the child’s death was changed quickly. One mother described her experience:

I went back to work and the weirdest thing is that everyone avoids talking to you. You need to talk to people and there are very few people who you can actually sit down and talk to. I am not the only one that found out that people totally avoid you.

Another mother reported:

I’m a talker and I need to talk things out. It’s like, you know, they ask you a couple of questions and then they go about their business. I found out at work that people avoid you because they don’t know what to say. One lady says to me, Oh, you’ll be fine, honey, and time will help you. I am thinking it’s already been months and time hasn’t helped. I was on the verge of a nervous breakdown.

One mother described her experience with the nurses in the ER when she saw her son.

So my husband and I went back and they had cleaned his mouth. I remember there were all the hospital personnel and they were all staring at me. No one said a word they just stared at me. It was so cold.

Several of the parents interviewed implied they felt as though their feelings had been dismissed or that people were judging them. The contacts originally perceived to be potentially helpful ended up often being a source of disappointment, and often negative interactions attributed to anxiety, fear, or lack of experience.

Seeking to Console.

In an ironic twist, several of the parents reported that they were often the catalyst for either seeking or providing support. One mother acknowledged feeling empathy for the physician who had to deliver the news her child had died and verbalized feeling badly for him and wanting to provide support. In several cases, the parents' attempts to avoid feelings of isolation created a platform to seek people out, in an attempt to relieve the others person's perceived discomfort. Many of the mothers described scenarios where they approached people with a vengeance to talk with them about their child's death. The participants appeared angry at times that they were seeking out the support, yet also acknowledged that the circumstances must have been difficult for some people.

Another opportunity to console took the form of mothers and fathers consoling each other. All participants except one were married to the same person at the time of the interview that they were at the time of the death. Many were long-term marriages that were reported in several cases to have become strengthened by their quest to support each other and or the family.

Providing support to each other was verbalized as being a critical factor after their child's death. Each of the parents made a point to stress that they made special efforts to assure they were providing support to their spouse.

In an unexpected effort to console, one mother discussed her hopes for the physicians caring for her child:

We started to pray for the doctor that was going to be there to take care of my son. My son's girlfriend who had been injured said in her prayers that the angels appeared before her around his bed. At first she thought they were just going to be there for the doctors to help but they reappeared again when he died.

An unusual example of being consoled was described by the mother of a child who had been killed in a drunken driving incident.

My mom didn't really know what to do. She was lost in losing her grandson but she also lost part of her daughter and not knowing or being able to help me, she just stayed off by herself. I felt she wasn't there for me. The day of the funeral she said she was sitting on the recliner in my living room. She said she wasn't thinking about anything in particular when someone said "Grandma." She said, "I recognized the voice that said Grandma." "I want you to tell mom it wasn't my fault. I did everything I could but he kept coming at me and there was nothing I could do." He said "I yelled out to God. Tell Mom that I miss her more than anything." My mom does not imagine things. She is very down to earth so I know there would have been nobody that would have told me that who I would have believed more than my mother.

Another mother discussed a card and unexpected gift she received from her pastor and his attempts to console her:

This is from our pastor. He wrote "I'm sorry I don't have the words to take away your pain but no one does. On Saturday after the accident I wasn't sure if I wanted to be a pastor anymore but talking the past few days with your family has given me strength. I was supposed to minister to you but you ministered to me. Thank you. It was an honor to serve you. This evening I drove from the funeral home. I didn't make it inside as the line stretched out the front entrance down to the corner and half way up the side street. The line finally ended by the side entrance to the funeral home and everyone was standing in a hard rain, some without umbrellas. What I saw was truly a testament to how many lives he touched and that he was well liked and loved by all who knew him. I've been to many services but I have never seen such an outpouring of love. Please accept this enclosed check to help with funeral expenses."

Another mother reported on interacting with friends following the death of her daughter, "I would see them out and be basically chasing them down. I am the real comforter and, you know, always trying to make everybody feel better about it."

Unconditional Support.

The code *unconditional support* has been included in the category *defining support* due to the support of many of the children despite a history of anti-social or high risk behaviors. The bond between the parent and the child was ever apparent despite

acknowledging problematic relationships, even chaos before the death for some. On several occasions, either the child's antisocial behavior or the behavior of the individual who caused the death was important to share as a backdrop to decisions made. This was not an attempt to make excuses for their children but rather set the stage, that it may have contributed to or been a precursor to the death event. Behaviors included the use of drugs, alcohol, drinking while driving, and theft. Despite the behaviors, the love for their child was unwavering and at any given time defined their relationship and their role as a parent. It is interesting to note that none of the parents expressed feelings that people took an "It's their own fault" attitude. One mother reported her daughter had struggled with drugs for years. The daughter had reported to her mother near the time of her death that she was working as a drug informant for the drug task force. Her mother always questioned the validity of her story but learned her daughter had been telling the truth. It was important to the mother that her daughter was not continuing to lie, as she had done in the past, at the time of her death. She states:

My daughter was very curious with the marijuana so I started making her accountable for it. In eleventh grade she said I'm outta here. You know that's whenever she started running. She would come back and then she would leave again because it would become a battle you know so we really took a stand on what we believed. You know that's hard for parents to do a lot of time because we did what we felt was right. She was living with her boyfriend at the time of the accident. There is a certain amount of embarrassment that your child was on drugs. I started to sense it was not a good relationship. I started seeing signs my daughter might be into drugs. She just started lying to me about a lot of things. She just wasn't honest about anything and there were just so many other things. I remember one particular incident in September before she was shot. My daughter called here and she was screaming and said she was high and couldn't come back down. She was going on and on, so I picked up the phone and I called the police and asked them to please go check on her. I remember sitting down on the chair and immediately being very upset over that because I just didn't have a good feeling about anything.

Another mother discussed unconditional support for her daughter when she began getting into trouble:

As far as I know, she didn't do any drugs. My [daughter] broke into a couple of churches. She was bored and wanted something to do. It was in March, she had come home and she said "Mom, I am in big trouble." Of course, drugs, alcohol and robbery were the first three points I thought of. She said it wasn't alcohol or drugs but she did break into a church. I asked her why and she said she wanted something to do. She was bored. She didn't go into all of it but the next day a trooper came to the house to question her on what happened. Of course it hurts to think my daughter would have done that, but I can only raise them and then once they are on their own they have to pay for what they do. When the trooper started asking more about what they did, she asked if we would leave the room. I told her we would, but to make sure she told the truth. That was in March, so when she was killed in May, I thought it might be feedback from that. She [my daughter] actually cooperated with the police and had one guy arrested. With the group of guys he was in with it would not have been anything for them to retaliate, as a matter of fact, I gave her my cell phone. I didn't want her to go anywhere. You really call out for all of the help you need. I think God was preparing us for her death for awhile. The grieving started a long time before she died. You just let it go because there is only so much a parent can do. Letting go is the hardest thing. There was a lot of heartache. You know if you don't think that there is a problem but when you realize that there is a problem and you try to do something about it, that's whenever things start going crazy because a lot of parents don't address the drug issue and everything's just fine they think until the reality of it sets in.

Level one coding led to the codes *seeking solace*, *code of silence*, *seeking to console*, and *unconditional support*, which came together to create the level two coding and the fifth category described as *seeking support*. *Seeking support* was an important variable discussed by all parents in one form or another and included spouses, family members, coworkers, advocates in the judicial system including the victim witness advocate and the county coroner. Support was discussed in terms of unsolicited support as well as support actively sought by the parents. Support in general appeared to play an important role among the participants even if the efforts were perceived to be initiated by the parent.

Sixth Coding

The sixth set of codes to emerge from the data includes *strength revealed*, *honoring the child*, *maintaining connections*, and *letting go*.

Strength Revealed.

All of the parents interviewed reported that they experienced and developed a source of strength that they did not believe they were capable of. Strength was found in the form of taking on new responsibilities, being “strong” for their families, and a fortitude which helped, following the child’s death. Five of the mothers reported that they were either more reserved or dependent upon others prior to the child’s death. Strength manifested in many ways which included taking an active role in the justice system, taking on new challenges, and making decisions such as funeral arrangements with no prior preparation. It was clear that being strong was important to the parents and served as a way to honor their child.

One mother describes a situation where God’s strength was revealed when she sang at her daughter’s funeral:

I really wanted to do that. I really have a strong faith and I knew that God would get me through. I just believed that was the only time I would be able to sing. The last time I would be able to sing for my daughter. Not being able to sing at the wedding or anything like that. So amazingly, my friends and I sang at the funeral and it was awesome, it was really awesome. I sing with a friend, we do a duet. That was one of the times that God just revealed Himself to me so plainly. That His strength was sufficient and people say how do you get through something like this, but only until you know the power of Christ and the grace that He gives, you just can’t explain that to somebody until they go through it.

Another mother talked about her strength dealing with her daughter’s trial.

It would have been the second anniversary. Not only did we have to deal with the anniversary date, but we also had to hear everything that was said and everything that was done to her. We live our lives but holidays and family gatherings are tough. It’s really tough because you always know there should be one more person here. We had a very close relationship. It is very hard to know that my

daughter is not there and even with my birthday I am always waiting for that one final happy birthday. I know I will never get that phone call. You would think after awhile it would get easier, but it is still hard.

Honoring the Child.

For many parents, the chance to create opportunities to honor their child was extremely important. For some, a significant amount of time was spent in these activities and included a variety of keepsakes, gifts, and items created by the parents. One of the mothers created a scrapbook with all of the sympathy cards and letters she and her family received. In addition, she created a small “shrine” in her living room with photos of her son and a few pieces of sports memorabilia from the Dallas Cowboys, her son’s favorite sports team. Other expressions of memorializing were more subtle but no less important and included creating photo albums, card registries, organizing newspaper clippings, and displaying mementos. The act of honoring the child was also explicit as parents reminisced about their child and reflected on their individual qualities and characteristics. One mother discussed her efforts in helping with a local MADD chapter by permitting a photo of her deceased child to be used in a local billboard awareness campaign. Despite the campaign being cancelled, the initiative was well received by the mother: “A lot of kids that were going over to a local university saw her picture. Many people asked how I did that but I wanted to honor her. That is where the healing comes.”

Another mother reported on her attempts to honor her son’s death by placing wooden crosses at the site of his accident:

Here is a cross I put out on the road that I made and painted. Unfortunately, we have a group of atheists up here and they stole my cross several times. In fact, they stole all of the crosses. The state allows you to put memorial things out when things like this happen. My mother brought an angel statue. I tried for about three years to take things out and keep it nice and kept the weeds down but they kept stealing. I just haven’t been able to figure out what else to do. We don’t use that road anymore.

Another mother talked about the items she saved and displayed belonging to her son: “We have little things sitting around. I don’t think I have a shrine, but he was part of our lives for years and I’m not going to put his stuff in a box.”

Another mother talked about her opportunity to say goodbye by singing at her daughter’s funeral. She acknowledged the strength of her faith, to allow her to honor her child in a way which many would find impossible given the situation.

Maintaining Connections.

One of the parents reported occurrences where they or another family member either saw or heard the child after they died. One occurrence happened when one of the mothers said that her daughter reported that her brother who died came to her room one night and spoke with her. Surprisingly, she told her mom she was eventually not frightened by the event, but rather comforted that he wanted to let her know he was okay. Other parents reported it was not uncommon for them to have conversations with their child who died. One mother, who believed her son was experiencing guilt for surviving the accident that killed his sister, encouraged him to talk to her in hopes it might reduce some of his anxiety. None of the parents apologized for their desire to stay connected nor expressed any concern that the interviewer might perceive this behavior as odd but did acknowledge that the opportunity to connect with the child provided an unexpected source of support.

One mother shared an experience she had with her own mother who was grieving the loss of her grandson:

My mom didn’t really know what to do. She was lost in losing her grandson but she also lost part of her daughter and not knowing or being able to help me, she just stayed off by herself. I felt she wasn’t there for me. The day of the funeral she said she was sitting on the recliner in my living room. She said she wasn’t

thinking about anything in particular when someone said “Grandma.” She said, “I recognized the voice that said Grandma.” “I want you to tell mom it wasn’t my fault. I did everything I could but he kept coming at me and there was nothing I could do.” He said “I yelled out to God. Tell Mom that I miss her more than anything.”

Letting Go.

All of the parents discussed the process of letting go of their children. Letting go was a continuum which included elements of saying goodbye and attending funeral services. Letting go was not synonymous with finality but rather a process of living day to day without the physical presence of their child. Letting go often began with the process of arranging for the funeral and attending services. These activities, which occurred shortly after the death, presented a stark reality. Arranging for the funeral was often a very personal journey and one that everyone acknowledged they were not prepared for. One family shared the experience with the parents of two other children who were killed in the same car accident. The families made a decision to have the viewings together since the town was small and many people would want to attend all three. The mother reported an overwhelming attendance, which provided her with a significant amount of comfort. In addition, she reported the family received a large number of monetary donations which helped to pay some of the funeral expenses. Another mother talked about her experiences picking out an outfit for her son to wear and the ribbing she received for her choice of color for the shirt she selected. In addition, her son was honored with a fireman’s funeral which included a fire truck outside of the funeral home with music and different symbolic gestures to recognize his contributions as a volunteer firefighter.

Unfortunately for one mother, her family was unable to have an open casket due to her daughter's body being destroyed by being burned. The funeral was often acknowledged as a pivotal point for letting go.

Level one coding led to the codes *strength revealed, honoring the child, maintaining connections*, and *letting go*, which came together to create the level two coding and the sixth category described as *relinquishing the child*. The category *relinquishing the child* included a series of codes which provided an opportunity for the parents to engage in behaviors facilitating a connection with the child while making the transition from a parent of a child who lived to the parent incorporating the loss of the child into their changed life.

Seventh Coding

The final set of codes identified in the data included codes *redirected energy, reclaiming control*, and *assimilating new roles*.

Redirected Energy.

All of the parents interviewed were generally active and often reported being engaged in activities, either in or outside the home. One woman opened a beauty salon, two other mothers became actively involved with caring for their grandchildren, and one mother was caring for children in her home, while other parents were actively engaged in their church activities, prayer, and Bible studies. One mother and her husband took positions in the local MADD chapter and spend quite a bit of time speaking with student groups and other organizations. One mother provides talks to high school and college students, discussing the importance of not drinking and driving.

A mother who started the MADD chapter in her county stated:

I was body only and not much of that at some point and time. My husband was my son's stepfather, and he could be stronger. He could look at things for my benefit more than I could at the time, and that was a plus because without him there to hold me up, I really don't know what direction I would have taken. With his help, I searched out and found MADD and arranged for us to go to a meeting. At that point and time, MADD was kind of going through a transition because the coordinator was ready to move on. I kind of fell into it.

Another mother reported on her involvement with a local chapter of MADD; she was asked to assist their efforts by displaying the photo of her daughter who had been killed on a series of billboards. She reported feeling satisfied with the initiative but disappointed when the group was mandated to remove the boards.

They had called me and asked me how I felt about using her picture on a billboard. The board was up for over three years and then they had to take it down because it didn't meet approval and standards. I don't know what that was all about but I thank God that it was there for three years.

The opportunity to channel energy into what was perceived as positive influence was beneficial to the healing process, reported the parents. Public awareness initiatives and caring for children helped to fill the void in ways never considered earlier.

Reclaiming Control.

All of the parents interviewed reported a tremendous void in their lives since the death of their child. The death and subsequent void was often described as "a pain that will never go away." Despite the pain, all of the parents were able to talk openly about the child's death and demonstrated a sense of renewed control, permitted the opportunity to share their experiences. Activities that often kept the parent busy or provided a sense of purpose often helped with feelings of reclaiming control. Control was often synonymous with achieving order and minimizing chaos. This was often an important variable when presented with circumstances beyond their control such as the death of their child. A mother describes her experiences as a speaker for MADD:

I think God says you need to do this, I'll do it. The last time I walked in, there was a young kid with his hat pulled down and another one that's kind of like looking down. At the end they come up and hug me. I just try to hold onto that hug and know that there is no other hug like that.

Assimilating New Roles.

The mothers and fathers interviewed had adopted the role of parent who had lost a child. It was evident during our discussion that being a parent of a son or daughter who had been killed was similar to being a member in a closed club with people who had been through the same types of experiences. In addition, other roles assumed included justice system vigilante, spokesperson, advocate for parents who have lost a child, and a friend to unlikely individuals such as the county coroner and victim witness advocate. For most, these were adopted and learned skills not acquired by their own choosing, and atypical of most parents. In addition, assimilating new roles resulted in positive outcomes as parents adopted and integrated new responsibilities into their lives following the death of their child. These types of activities included child care for dependent grandchildren, working in new occupations, and retirement.

Level one coding led to the codes *redirected energy*, *reclaiming control*, and *assimilating new roles* which came together to create the level two coding and the seventh category described as *seeking ways of moving forward*. The category *seeking ways of moving forward* included activities and opportunities to honor their child, and to develop or utilize coping strategies to move along the bereavement continuum. Other measures for moving forward mentioned included church, prayer, and spending time with friends and family.

Summary of Level One and Level Two Coding

The process of code identification and subsequent collapse of level one codes into categories that emerged in level two data coding, and provided a framework to better understand the process affecting bereavement following the violent death of a child for these participants. The seven categories identified include *telling the story*, *critical choices*, *seeking direction through faith*, *seeking justice*, *seeking support*, *relinquishing the child*, and *seeking ways of moving forward*. The codes and subsequent categories address a continuum of behaviors, thoughts, and actions generally viewed by participants as resulting in hopeful outcomes. While all of the parents had varying experiences, the collective categories provided an infrastructure for healing.

Level Three Coding

Level three coding includes the process of weaving data together by identifying relationships among categories, subcategories, and the development of core variables. The discovery of a core variable is the critical outcome for a grounded theory study (Munhall & Oiler, 1986). The core category has characteristics which include frequently occurring data in the transcripts, links between the data, and summarizes and explains what is happening with the participants during the bereavement process (Schreiber & Stern, 2001).

After a thorough and in-depth analysis of the data, the core categories titled *experiencing the process* and *seeking renewal* emerged. According to Webster (2006), renewal is defined as “to recover, to reestablish, or to begin again.” Experiencing the process and seeking renewal were identified as a catalyst that appeared to facilitate the bereavement process, and included the thoughts, behaviors, and actions identified in the

categories revealed through level one and two coding. All of the parents interviewed identified the experience of losing a child as life-changing and acknowledged common categories of experiences in which parents acquired new skills, further developed existing skills, and relied on coping strategies which had proved beneficial in the past, culminating into the phenomenon of *experiencing the process and seeking renewal*.

During the bereavement process, the parents in this study moved from a point of vulnerability to a place of strength in the absence of their child. None of the parents interviewed ever wavered on agreement that losing a child was the worst loss a parent could experience, but no one exhibited behaviors or reported feeling stuck in the bereavement process. All parents interviewed described variables in bereavement which helped to bridge the gap between their previous experiences with their son or daughter when they were living.

Seeking behaviors were not new as several parents had been on a quest to find meaning in their child's behavior prior to death, which was often related to acting out or antisocial activities. Whether seeking a relationship with God, seeking truth, or seeking questions to answers, most parents were engaged in activities, or *experiencing the process*, which provided a source of strength of which they may not have believed themselves capable earlier. The process of bereavement was dynamic for most participants and included strengthening and building relationships, working through the justice system, seeking acknowledgment, and hope for the future. Although most parents reported never "getting over" the death, most were able to find a sense of acceptance which helped define their strength and incorporate the death into their life. For many parents, the use of seeking behaviors helped to bring clarity to a non-stagnant process and

continual quest for understanding, as well as providing the foundation for the core variables of *seeking renewal and experiencing the process*.

Seeking renewal was an evident thread in all of the identified categories, whether seeking renewal and assurances through faith and spirituality, identifying sources of or providing support, and interactions within the justice system.

Faith was constant and unwavering with support provided from existing spiritual communities. The parents never questioned God during the bereavement process, did not lose faith, provided for forgiveness, and acknowledged absolute trust that prayer would prevail. Parents were best described as tenacious in their beliefs that God guided their outcomes, and those individuals with a strong spiritual orientation appeared able to cope with the loss.

Parents found solace in different ways which included existing relationships, newfound support, or even when they had to be the source of support for those who were unable to support them. All of this helped to create what might otherwise be considered the ability to create a new normal, after the parents relinquished their child. In addition, experiencing the process and seeking ways of moving forward was characterized in redirected energy, reclaiming control, and assimilating new roles which created what might be considered a new normal.

The data suggests the participants move in and out of each of the core categories while *experiencing the process* with similar yet varying experiences, as described in *telling the story* when hearing, reporting, or sharing the news of the child's death. Making critical choices was also part of the process experienced when making decisions such as how and when to say goodbye to the child, as well as the spiritual experience while

seeking direction through faith when acknowledging fate and providing forgiveness. *Seeking justice* was also a time when parents experienced the process while having feelings of frustration and uncertainty during the quest for answers.

Verification of Findings

The verification of findings was completed following the data analysis. Four participants were re-contacted to discuss the research findings and review the validity of data analysis. All participants agreed that the conclusions drawn were accurate and best represented the data findings. The parents interviewed were doing well and collectively represented the experiences of seeking renewal following the violent death of a child.

Summary

In summary, the purpose of this study was to identify the key concepts present in the process of bereavement following the violent death of a child. The data from the eleven interviews resulted in the emergence of the identified core categories of *experiencing the process* and *seeking renewal*.

Data for this study was collected through the use of interviews and the collection of field notes. Parents in this study were open to discussing their experiences and provided a wealth of information related to managing their lives following the death of their child, and related to their bereavement journey and the variables influencing their outcomes.

This research found that bereavement was a continual process for parents, but the identified core variables of *seeking renewal* and *experiencing the process* helped to facilitate forward-directed thinking and behavior. The parents interviewed reported that

losing their child changed their lives, and all serve as role models for “best practices” in working through the bereavement process and requisite growth.

Chapter Five: Findings

Discussion

The purpose of this grounded theory study was to identify the concepts present in the process of parental bereavement following the violent death of a child. This chapter will discuss the findings of this study compared and contrasted to the current literature. This study provided an avenue for the researcher to identify how parents deal with the unique experience of losing a child, and to generate theory related to the parental bereavement process following the violent death of a child. Through the inductive process of this qualitative study, a core category to help illuminate the bereavement process has been developed and identified as *experiencing the process* and *seeking renewal*. The findings add to the literature on bereavement and help to build the body of nursing knowledge specifically dealing with sudden death and loss. This study is timely due to the incidence of both local and national violent crimes leading to the death of children, including the recent school massacres in Columbine, Colorado, and Lancaster, Pennsylvania; the murder of Julie Lund in Yosemite; the murders of Polly Klass and Jessica Lunsford; and several unsolved murders in the Blair County area. According to the United States Department of Justice (2008), the incidence of homicide was 15.2 persons per 1000, ages 18-24, in 2006.

When the death is due to violence or negligence, the life of the survivors may be altered forever. The statistics indicate that a nurse may eventually encounter a parent who has been through the bereavement process following the violent death of a child. Contact may include a patient manifesting symptoms of unresolved grief, appearing in any number of inpatient and outpatient settings. As discussed in chapter one, losing a child to

a violent death may be a very different grieving experience than an anticipated loss of a child, because grieving parents may take into consideration wider social forces such as the effects of crime, the justice system, and the way that acts of violence change lives forever (Murphy, 1997).

The parents interviewed for this study were a unique group of men and women. The sample was comprised of two men and nine women, included in a group of twenty parents who were sent letters about the study. The participants were asked to phone the researcher if they were interested in participating in the study, and the calls from the parents were received within a week of receiving the letters. A few parents called more than once if the researcher did not return the call immediately. It became evident early in the process that this would be an exceptional group of participants to work with. During the initial telephone call, the parents not only expressed an interest in joining the study but seemed genuinely appreciative of being asked. Originally there was trepidation by the researcher that a sample would not be obtained, but there were an adequate number of parent names to send letters to, and the group who wanted to participate clearly had an interest in sharing their stories. Unfortunately, a few parents who were sent letters never called and were assumed to be not interested in participating.

Assumptions could be made about the differences in the parents who responded and those who did not, including their desire not to be bothered either because of a lack of time or interest, or they were not doing well either psychologically or physically. All interviews occurred as scheduled except for two parents who requested changes. One mother cancelled the morning of the scheduled interview, expressing a concern about being interviewed alone with the researcher as well as reporting that the interview had

been scheduled, unbeknown to the researcher, on the anniversary date of her daughter's death. Another mother said she would participate but it would have to be after the holidays. Arrangements were made with the victim witness advocate to go with the researcher to the first mother's house, but then she was unable to go at the last minute. Fortunately, the mother agreed to be interviewed and a rapport was established early upon arrival despite her initial concerns. The second mother finally scheduled her interview but also wanted the victim witness advocate present. She eventually agreed to participate alone when the advocate was called out of the interview unexpectedly. Both mothers said at the end of the interview they would have been fine alone and apologized for the delays and concerns.

Only one father made the initial call to be interviewed, but then cancelled twice. After several attempts to contact him, he was unable to be reached to reschedule. The victim witness advocate suspected that he might be experiencing anxiety related to his son's death and "may not be doing well." This researcher later learned that the mother of the senior high school boy who killed this man's son, shooting him and leaving his body in a pond, worked at the same institution as the researcher. This researcher speculates the father may have been aware of this, explaining his reluctance to be interviewed.

The interviews provided opportunities for the parents to discuss their experiences and provide vital insight into this unique population. All parents were curious about who else was being interviewed and occasionally suggested names for consideration. All were advised that the information could not be shared, but it became apparent that this population is close-knit and had already been talking to each other. All parents interviewed were generous with their time and sharing their experiences as well as taking

an interest in the researcher and the study being conducted. The parents wanted to feed the researcher, provide a comfortable place to sit, show their home with pictures of the child, with a few asking that the researcher call when arriving home to assure she had not gotten lost or harmed while driving in bad weather.

On one visit, the researcher unfortunately backed into a post holding up the family mailbox. The mother refused to take any offers to fix the property and appeared genuinely more concerned that there may have been an injury or damage to the car. Many parents exhibited the ability to not get too excited about this type of occurrence. Most were very calm and articulate during the interview. This researcher deduced that after the experience of losing a child, a broken mailbox may be incidental.

Prior to this research, the parents might have been described as vulnerable, but the findings indicate that this group of participants is the antithesis of defenseless and fragile. Parents were very interested in telling their stories and were candid in wanting to assure that the process of bereavement was understood by the interviewer. One of the unique features of this group was that all of the participants reported through the course of the interviews that they were doing well and were not experiencing any of the bereavement symptomatology commonly found in the literature. The process was guided by optimistic energy which was at times painful but never hopeless, and difficult but not impossible, despite the death of their child.

The topic of bereavement is not new in the nursing literature. In fact, volumes have been written on the grieving process related to anticipated deaths, death involving adults, and interventions to deal with bereaved individuals; however, the literature related to bereavement is limited in scope related to the violent death of children. Murphy and

colleagues wrote a series of articles and conducted a number of research studies during the nineties and up to and including 2006 related to bereavement factors following the violent death of a child. Murphy's studies typically address death by suicide, accidents, and homicides, and include participants from the Parental Bereavement Project (established in 1997) which included 261 parents, and subsequent studies with a subset of the group. While this topic is similar, Murphy's studies are often longitudinal and the instruments included a number of scales and questionnaires often used for assessing post-traumatic stress symptoms, mental distress and family functioning, suicide ideations, coping strategies, and depression. Some of her work is outlined in chapter two. While the findings from the Murphy's studies are very interesting, it is essential to note that this study did not assess for PTSD or utilize the same methodology.

According to Murphy and Rando (1997, 1992), parental grief related to the death of a child is often viewed as the most complicated form of bereavement, and violent deaths typically intensify that grief response. The death of a child is considered to be one of the most devastating losses that a parent can experience (Exline, Dorrity, & Wortman, 1996; Lehman, Wortman, & Williams, 1987) and it has been said that people who are bereaved often find themselves caught between the living and the dead. In the case of the murdered child, Murphy et al. (1999) report that a child is murdered once; a parent is forced to relive it over and over. Many parents report feeling victimized as the survivor and find dealing with the aftermath and devastation to be extremely difficult.

The findings of this study provide a new perspective on parental bereavement and the variables associated with the basic social psychological process of seeking renewal following the experience of losing a child to a violent death. Most of the findings are new

to the body of nursing knowledge and may be attributed to the lack of literature on the subject identified through qualitative findings and grounded study findings.

This research is timely because the number of qualitative studies investigating the bereavement process following the death of a child is extremely limited. A total of two grounded theory studies have been completed. One study, conducted by McClowery (1987) was titled *The Empty Space Phenomenon: The Process of Grief in the Bereaved Family*. Unfortunately, the study was completed over twenty years ago and the study addressed parents only bereaved from children with cancer. To date, the only grounded theory study related to the violent death of a child was conducted by Dannemiller (2002), titled *The Parent's Response to a Child's Murder*. Similar to this research, the study included interviews with eleven parents but only included parents who had lost a child to murder. According to Rando (1993) the reason for the limited amount of research in this area may be due to a lower number of deaths of children as opposed to the general population, or due to the reluctance of parents to participate in research because of the intensity of their grief (Rando, 1993). The findings of this research study support the need to question that the grief process limits parental interest in research, particularly when methods provide the opportunity to openly discuss their experience with their loss.

Grounded theory was chosen as the methodology for this study because it helps to explain how individuals define their reality and interactional variations of the area under study. As a result, core variables and theory may be developed. This is described when identified outcomes occur under certain situations and which provide a framework for assessing others in similar situations with common variables. In addition, a theory must possess relevance and explain the ongoing social process (Munhall & Oiler, 1986).

Grounded theory is also beneficial when little is known about a topic, as is the case of parental bereavement from a grounded theory perspective following the violent death of a child. Only one known grounded theory study was found that had been completed at the time of this study.

Experiencing the process and *seeking renewal* emerged from the data as a way to describe this group of bereaved parents' interactions and basic social processes. The core categories provide a framework to identify the variables and sources of support, empowerment, influence, and reclamation on a positive bereavement continuum. During the bereavement process, parents utilized existing skills as well as developed new skills for coping behaviors and seeking renewal. They experienced the process, became active participants through their words and actions, and began a journey toward a renewed sense of purpose and direction in their lives without their child. The parents were proud of how they managed their grief and pleased at their ability to gain strength and maintain dignity. The parents were loving individuals with a strong devotion to God and a mission guided by their words and actions. *Experiencing the process* and *seeking renewal* explains this interactional process.

The analysis for this study was described in chapter four with quotes to support the data. Following a significant amount of time spent talking with parents and analyzing the data, the results of level two coding revealed the core categories which include *telling the story*, *critical choices*, *seeking direction through faith*, *seeking justice*, *seeking support*, *relinquishing the child*, and *seeking ways of moving forward*. Subsequently, level three coding included *experiencing the process* and *seeking renewal*. This sequence of coding also will be utilized to describe the findings for this chapter.

LEVEL ONE CODING

Getting the Call
Hearing the News
Reporting the News
Unconditional Sharing

Making Decisions
Saying Goodbye

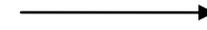
Spiritual Rescue
Forgiveness
Fate

Seeking Answers
Taking a Stand
Doing the Right Thing
Aggravated Frustration
Uncertainty

Seeking Solace
Code of Silence
Seeking to Console
Unconditional Support

Strength Revealed
Honoring the Child
Maintaining Connections
Letting Go

Redirected Energy
Reclaiming Control
Assimilating New Roles



LEVEL TWO CODING

Telling the Story

Critical Choices

Seeking Direction through Faith

Seeking Justice

Seeking Support

Relinquishing the Child

Seeking Ways of Moving Forward

Figure 5.1. Level One and Level Two Coding.

LEVEL TWO CODING

Telling the Story

Critical Choices

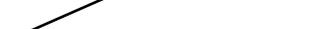
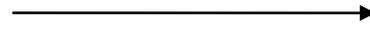
Seeking Direction through Faith

Seeking Justice

Seeking Support

Relinquishing the Child

Seeking Ways of Moving Forward



LEVEL THREE CODING

Experiencing the Process

Seeking Renewal

Figure 5.2. Level Two and Level Three Coding.

Telling the Story

Telling the story was an important finding in this study. Telling the story includes *getting the call, hearing the news, reporting the news, and unconditional sharing*, which all have elements important to how the news of the death was heard and subsequently reported. Parents were very interested in assuring their stories were heard and understood. It was evident that they wanted to represent their child in a positive light even when they had been involved in anti-social behaviors such as breaking into churches and dealing drugs. These findings were different than those from the study concluded by Dannemiller (2002). Dannemiller indicates the “story line” of parents whose children were murdered and the “total horror of the situation” as described by bereaved parents. While emotions were high at times while describing the occurrences of the child’s death, none of the parents talked with expressions of shock or horror over the death. There was resolve in their voices, even from the mother whose daughter was shot in the head, the mother whose son had been stabbed to death, and the mother whose daughter had been beaten with a baseball bat and her body set on fire; they all attributed this to the belief that they often identified a sense that something might happen to their child.

Dannemiller (2002) as well as McClowery (1987) discuss parents’ reports of the emptiness that follows the death of a child - referred to by McClowery as the *empty space phenomenon*. Findings of empty space have been described in this study, with parents reporting knowing their child will not be sending any more cards on the holidays or sitting at the table for a meal, but acknowledged this as an area for consideration, not interpreted as rumination or an area of concern.

Critical Choices

Making *critical choices* was an important finding in this study, which included elements of *decision making* and *saying goodbye*. The findings indicate that it is important that parents have the choice to say goodbye to their child and most would choose this option if able. This finding is consistent with the study completed by Dannemiller (2002), where parents reported the importance of seeing the dead body. In addition, seeing the child helped provide information about the death and assure the child's identity was correct, dispelling any concern the police may have made a mistake and had the wrong child. Viewing possible injuries or the condition of the body helped assimilate the facts of the death.

Seeking Direction through Faith

Seeking direction through faith was a finding identified early in this study and included spiritual rescue, forgiveness, and fate. All of the parents expressed a relationship with God and spiritual beliefs which were embedded in their lives before the child died and subsequently helped them through the bereavement process. Parents in the study never blamed God for the loss of their child but rather sought support through His guidance. This finding was consistent with all participants interviewed and was the area individuals emphasized the most as the one of the single elements which helped after the loss of their child. The parents never wavered in their beliefs, and their conviction and commitment to God was powerful and ongoing. Dannemiller (2002) did not discuss spiritual beliefs in her study.

Seeking Justice

Seeking justice was a critical finding in this study and included the elements of *taking a stand, doing the right thing, aggravated frustration* and *uncertainty*. All of the parents, at one time or another, were involved with the justice system: either notification the child had been killed or if they were required to meet with attorneys, provide information, or attend court hearings. An important finding for all was the need to assure that their voice was heard, they were treated well, and the perpetrators' sentence was just and fair. This finding is similar to the *equity theory* cited in the bereavement literature.

The equity theory focuses on the extent of harm perceived by survivors, the emotional distress of the bereaved, and the extent to which they feel they have been treated in an equitable and fair manner by the justice system without feeling victimized. Feelings of victimization may include being neglected in criminal proceedings, reports of untimely criminal proceedings, feelings of disrespect, and feelings of being lost in the shuffle of legal maneuverings. One intervention known to work well in these situations is to "balance the scales" to increase survivors' outcomes which include being treated well while simultaneously reducing the offenders. Reducing the offenders includes assuring a sentence to fit the crime. The theory is confirmed in the findings of this grounded theory study. The categories of seeking answers, taking a stand, doing the right thing, aggravated frustration, and uncertainty were all findings supporting the parent's ability to seek and utilize resources to move through the justice system while avoiding being victimized. Many parents reported that the process felt like an endless maze of legal wrangling at which parents eventually reported becoming skilled.

Findings from this grounded theory study revealed concerns related to lack of information and attention from the DA's office. One mother reported frequent calls to the DA's office in an attempt to collect information, and another mother discussed frustration with her own attorney while questioning his ability to adequately represent her. Similar findings related to delays and continuances, lack of information regarding the legal system, fear of retaliation from the offender, missing work to attend court, financial stressors, and poor treatment from district attorneys or public defenders – all results also found in an earlier study by Rinear (1998).

A finding in this study consistent with Dannemiller's (2002) work was the concept of accumulating information. In both grounded theory studies, parents went to great lengths and employed multiple strategies to collect information regarding their child's death. This common practice included calling the district attorney, the coroner, and people at the scene, and any others who might be sources of information. As discussed in chapter four, parents became almost vigilantes to obtain facts, went to great lengths to collect information, and made no apologies while accessing data to better understand the circumstances surrounding the child's death. This finding is consistent with the literature. The concept of *culmination* identified by Dannemiller (2002) was unique to her study. Culmination was described as being achieved when parents exhausted any possibilities of gathering further information related to the death of their child. When culmination was reached, parents were described as withdrawing their time and energy in collecting further information. The finding of culmination was inconsistent with this study where parents reported a relentless pursuit of news about their child's death and never voiced feeling defeated in their quest for information.

According to Janoff-Bulman and Frieze (1983), many individuals ascribe to the assumptive world theory which includes a belief in personal invulnerability, a perception of the world as meaningful, and a view of oneself as positive. Death as a result of violent crime often changes lives and, in some cases, the survivors, who see themselves as victims and may no longer view their world as safe. Vulnerability often makes victims feel helpless and intense anxiety over the act itself and the intentional nature of the crime (Janoff-Bulman & Frieze, 1983). The assumption that the world is meaningful also may be violated as a result of a death event. All parents in this grounded theory study described the death event but never questioned the world as meaningful. Only one mother discussed issues related to safety, but her concerns stemmed from a worry that the person who attempted to murder her child would return to “finish the job” or harm her or her family. Not knowing who committed the crime added additional concern while traveling long distances to the hospital and trying to conceal her daughter’s condition. Others appeared to resume their activities in the world with no verbalization of fear of safety.

The study *Examining the Assumptive World Views of Parents Bereaved by Accident, Murder, and Illness* by Matthews and Marwitt (2004) examined the impact on the assumptive world view of bereaved parents using the World Assumptions Scale and the Revised Grief Experience Inventory which was administered to parents bereaved by homicide, accidents, and illness. Findings concluded that parents bereaved by accidents and homicides had more negative views on benevolence than parents bereaved by expected death, and parents bereaved by homicide demonstrated the lowest sense of self worth. The findings of the Matthews and Marwitt (2004) study are inconsistent with the findings of this grounded theory study. The parents in this study did not question the

disposition of people to do good, acts of kindness, or their general sense of self worth following the death of their child. Parents in this study felt supported by family and friends and believed people wanted to help when asked. Parents also reported feeling increased confidence in their abilities to find answers to questions, manage the frustrations experienced with the justice system, and an overall sense of satisfaction with their general well being following the death of their child.

Seeking Support

One of the findings in this research which was unique to all the study's participants was that their marital status was unchanged since the child's death. All participants married previously were still married and found their spouse to be an excellent source of support. In addition, all married parents were spiritual, with a strong faith in God. Parents regularly attended church together and led what they referred to as Christian lives. One mother was previously separated from her husband but maintained communication with him by phone when he lived out of the area. One married participant was very candid in sharing that she and her husband were not close in their marriage over the past several years prior to their daughter's death, but she knew they were both committed to staying together and there was security in knowing that the other was available, even if it was unspoken. Any issues in their marriage occurred prior to the death event, and there was no evidence to believe their marital status would change. A recent review completed by Murphy (2003) dispels the myth that divorce is more common among bereaved than non-bereaved couples. The findings concluded that the divorce rate cited in the literature may be inflated; the average marriage length was 18 years, which may suggest that longer marriages are better able to endure the bereavement process.

In addition to the marriage, support was found through friends, family, funeral directors, healthcare personnel, and from the community by way of cards and attendance at viewings and funerals. In this study, several families reported being pleased that so many people attended the viewings and funeral services for their child. This finding is different from Dannemiller's study (2002), in which parents of murdered children became suspicious that individuals may have attended because they were curious about the murder and suggested that their motives may have been less than honorable.

The findings of this study also concluded that a significant amount of support was provided by the county coroner and the victim witness advocate. These individuals were able to provide critical information to the parents, and were readily accessible. This may be an important finding for the future as the role of these positions and the influence they exert may be examined.

Support groups were only attended by one of the participants in this study. She reported that she attended group a few times but did not go on a regular basis, believing her family received more benefit than she did. This finding is inconsistent with the findings of Jacobsen (1986), who reported bereavement is a complex process for survivors and often warrants different types of support (individual and family counseling as well as bereavement support groups may have a significant impact on the outcomes of the survivor).

The availability of social support varied among individuals. Some participants described frustration at not being able to speak with coworkers or friends about their loss, but did find support from their spouses. Although initially there was the perception by a few parents that support was not readily available, all felt satisfied with their social

support network by the time the interviews were conducted. This finding is critical for assessment of support networks when evaluating bereaved individuals.

A finding consistent with the Dannemiller study (2002) was the response of a parent who reported she knew that her son's behaviors would eventually kill him. This feeling was also voiced by parents in this study who reported concerns that their child's behavior was problematic and included the use of drugs and alcohol, or less than desirable friends and associates. Several children had already been involved with the justice system prior to their death. Despite their concerns, they still continued provide unconditional support before and after the child died.

Findings concluded that support sources varied, but individuals were able to identify sources of support which worked in the past. *Seeking solace, code of silence, seeking to console, and unconditional support* are all elements which correlate to the findings of this study.

Relinquishing the Child

The findings of this study conclude that the ability to successfully relinquish the child facilitates the bereavement process. Elements of this process include *strength revealed, honoring the child, maintaining connections, and letting go*. One chance the parents had which significantly helped in their efforts to relinquish the child was the opportunity to honor their children. One woman reported that the last gift she gave her daughter was singing at her funeral. Another mother shared the fireman's farewell provided for her son, which included a fire truck procession and bagpipe players. One child killed in a car accident was an organ donor and subsequently commercials ran in local market area featuring his parents and the recipient discussing the gift he provided.

His mother found his desire to be an organ donor, and the gift he provided, to be very satisfying. Families also described viewings where the crowds waiting to get in extended around the block, or the viewing did not end on time to accommodate the crowds. There was peace knowing their child was so loved. This finding is inconsistent with the work completed by Dannemiller (2002), who describes the parents of murdered children reporting they believed people outside of the family attended services for their murdered children out of obligation, curiosity, concern, or less than desirable reasons. This broader range of motives is in sharp contrast to the parents in this grounded theory study who believed they were surrounded by supportive family and friends. These factors help make the process of *relinquishing the child* bearable.

Seeking Ways of Moving Forward

Guilt and self blame have been discussed in the literature and noted as a variable which may intensify the grief response and is often related to the untimeliness of the death (i.e., parents wondering why they were unable to protect their child). Blaming others may also occur and typically involves individuals such as employers and acquaintances for being either careless or negligent. These findings are not consistent with this study. One mother did describe asking her son to be careful in the workplace where he was eventually killed by another employee, but she did not dwell on feelings of regret nor did she blame the coworkers or owners of his workplace. Other parents acknowledged their child was involved in antisocial behavior but did not apologize or report feelings of guilt that they may have somehow let the child down.

Violent crime and deaths are particularly significant because of the capacity to directly affect an individual's perception of the world, as well as their ability to protect

their family. Similar to victims of drunken driving accidents, survivors often report feeling that there are no realistic measures to keep their family members and themselves safe from harm. In a violent society, we all have the potential to be victims (Casenave, 1981). While all parents acknowledged the death of their child to be extremely difficult, none described feelings of victimization. In fact, disappointment and frustration are better terms to explain emotions typically associated with the justice system and interactions with attorneys or hospital personnel perceived to be unsympathetic. The feeling of needing answers was expressed when parents described wanting to know more about how their child died and the circumstances surrounding the death, but they were never angry. Contacts were generally very receptive to speaking with parents and not only fully disclosed available information, but also encouraged the parents to continue to call with additional questions if needed. These seeking behaviors facilitate the process of moving forward and were often self-directed. Elements of these findings include *redirected energy, reclaiming control, and assimilating new roles*.

Drunken driving accidents were addressed in the literature as outlined earlier in chapter two. In a study completed by Sprang and McNeil (1998) post homicide reactions following drunken driving fatalities were investigated to gain an understanding of factors influencing the survivor's outcomes. According to Sprang and McNeil, children killed by drunk drivers present a different set of complications for survivors experiencing the bereavement process and distress in that "there is no way to realistically safeguard oneself against the possibility of becoming victimized by a drunk driver short of complete seclusion" (1998, p. 42). One of the variables cited in the study is the frequent reference to drunken driving fatalities as "accidents" and the potential that the justice

system may not appreciate the seriousness of the crimes (Lord, 1987; Sprang & McNeil, 1998). One mother in this study reported feeling that the man who killed her son was given too many opportunities to get behind the wheel of a car until he killed her son.

The findings from this study have implications for parents who have experienced the loss of a child due to a violent death and add to the current body of nursing knowledge on bereavement. This group of participants was unique in their bereavement outcomes as compared to the previous study completed by Dannemiller (2002). Perhaps the reason the parents agreed to participate in this study and share their experiences with others as well as the findings was due to the support they received through their faith, sense of community, love of family and friends, as well as the new people who had entered their lives such as the victim witness advocate and the county coroner. It may be interesting to consider what families experience who do not have the type of support described in the findings, as well as wonder if this may be a reason parents decided not to participate in this study. While we may never know, this may be an area to consider for future research.

Recommendations for Nursing

The findings from this qualitative study have implications for nurses interacting with parents who have experienced the loss of a child due to a violent death and add to the body of nursing knowledge. Theses study finding provide a different perspective of this experience and suggest additional elements to consider when assessing responses to the bereavement process. The findings also suggest variables that might be more prevalent and predict limited complications associated with bereavement. Due to the nature of the population and the inherent risks, nurses have the potential to play a vital

role in the assessment, intervention, and evaluation of bereavement outcomes. While most nurses are not working in areas where they may be readily involved in the grieving process, they can provide be involved in early case finding and may play an active role in working with the bereaved.

Nurses should be prepared to assess for major losses and intervene accordingly. Manifestations may include depression, anxiety, blood pressure issues, sweating, dizziness, tremors, twitches and jitters, muscle tension or aches, headaches, fatigue, and insomnia. The nurse should assess for variables which have been found to lead to positive outcomes, including support and strong spiritual beliefs. Care of this group may rest in the hands of nurses who, by instinct, provide a supportive and nurturing environment. Nurses have the capacity to play an essential and critical role in initiating and implementing support services to reduce risks and minimize complications. The mental health profession, inclusive of nursing, has an important role to play in identifying bereavement issues by assessing problems that warrant intervention and fostering an environment that meets the needs of parents confronted with complicated or chronic mourning. The role of the nurse is diverse and may include crisis intervention, counseling, services that facilitate movement along the health care continuum, and measures to protect and restore the individuals' psychosocial and physical integrity.

Nurses may also need to complete a self assessment related to their personal experiences with dying and death that may influence their feelings and attitudes. The data may increase comfort levels for nurses who might otherwise be intimidated to initiate a discussion about loss which could impede the therapeutic relationship.

Due to the sudden and unexpected nature of the death, nurses in many care settings outside psychiatry (such as emergency and primary care) are in a position to disseminate information, help with practical matters, and assist with decision-making (Trolley, 1993). Nurses may be the first-line caregivers when the loss occurs. Skills that reflect the most effective approaches in working with these bereaved individuals are needed when working with this diverse and potentially vulnerable population. Nurses may also be in a position to advocate for funding for additional research and opportunities for collaborative work with other disciplines that are also on the frontline of care.

The research field is ripe for additional studies to be completed on the topic of parental bereavement following the violent death of a child. Provider roles are ever changing in the healthcare arena, necessitating the need for nurses to have skills to address bereaved individuals. Research results may also be utilized in nursing programs related to dying and death, and psychiatric content delivered in many nursing curriculums. Educating nurses on best practices and methods for ongoing research can only help to build the body of nursing knowledge.

In summary, nurses are in a pivotal position to assess the bereavement process with parents at varying stages on the bereavement continuum. Developing an understanding of the variables influencing parental outcomes will only help provide the type of care for which professional nurses are most valued.

Recommendations for Future Research

The prevalence of violent death continues to be in the forefront of the media at both the local and national levels. This study is one of the only grounded theory studies

addressing parental bereavement and the violent death of a child. Additional studies are warranted and suggested topics may include but are not limited to the following: 1) the differences in culture and relevance to the populations under investigation. The participants for this grounded theory were all Caucasians who lived in rural towns for long periods of time and in areas considered to be close knit and supportive. The study completed by Dannemiller (2002) did not provide sufficient information related to the participants to draw any conclusions. One specific area of interest may be the investigation of bereavement outcomes by African Americans bereaved by the violent death of a child; 2) differences in parental bereavement, between anticipated and sudden death of children; 3) compare and contrast bereavement variables for parents reporting a high level of spiritual practice and those parents reporting little or no spiritual support; 4) attempt to interview the individuals who did not respond to the initial call for participants in this current study; 5) further investigation of the relationship between perceived support systems and confirmed support; 6) the application of the core categories of *experiencing the process and seeking renewal* in other experiences of loss in areas such as divorce, job loss, and other types of loss and grief. All of the noted areas of inquiry are valuable for future consideration.

Conclusions

This grounded theory qualitative study which included eleven participants generated the core variable of *experiencing the process and seeking renewal*. All of the participants reported understanding the purpose of the study and believed the findings would help others who had similar experiences. Their willingness to participate was also provided an opportunity to share their experiences and the ways in which they have been

able to move forward with their lives and avoid the complicated grieving known to occur in similar circumstances. The parents were candid in telling their stories. They never appeared to be embarrassed when they spoke of personal details of their marriage such as being intimate with their partners after the death of their child, the use of drugs and alcohol by some of the children, and the discussion about a marriage that was less than fulfilling prior to the child's death yet provided a source of known support afterwards. The parents talked at length not only about how their child died, but how they lived and how the parents' lives were changed by the death event. By listening to the parents who experienced this loss, a better understanding of their ability to *experience the process and seek renewal* emerged. With increased episodes of violent death in the media, this study provides additional information that is critically needed to assure best practices are used when working with this population, to address immediate and long-term needs. While there was a moderate amount of literature available related to bereavement, little was known about violent death from a grounded theory perspective.

In summary, the parents interviewed in this study were extremely receptive, gracious, and warm individuals who were very caring and kind to this researcher. All were very interested in participating and believed that their contributions may help others. In addition, the parents voiced an interest in either hearing about the findings or reading a copy of the dissertation when completed. The victim witness advocate also requested the findings be shared with her "families" in the future at one of the regularly scheduled support meetings. All of the parents were doing well and demonstrated a sense of serenity and calmness with their lives, now without their child. While there was no doubt their lives were changed forever, they were doing well, had grown from the experience

and continued to evolve. While lives were transformed forever, the participants found a way to find peace and worked towards finding a new normal. One mother best described her experience by stating, “I believe there is a reason for all of this. It’s like a quilt and underneath it is rough and you just can’t imagine anything beautiful coming out of that, but then you flip it over and see the beautiful design. You really can’t see that yet and we won’t be able to see that until we get to heaven, but I know that it’s there and you know that’s where my hope lies.” The limited amount of research specific to parental bereavement following the violent or sudden death of a child indicates the need for continued and ongoing studies.

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Appendix 1

Address Here

Dear

I am a doctoral student at the Duquesne University School of Nursing and am in the process of completing my dissertation in the District Attorney's office. I would like to ask for your participation in my research project titled "The Process of Parental Bereavement Following the Violent Death of a Child." The purpose of this study is to gain an understanding of the bereavement process that parents experience following the death of their child. By gaining a better understanding how parents grieve and ways that others might help them at this difficult time, we hope to provide services that may be beneficial in the future. I will be working directly with Sue Griep, the Victim Witness Coordinator for Blair County.

Participation in this study is voluntary and your name will not be used in any reports or publications. It is estimated that participation in the interview will take approximately ninety minutes of your time. The interview may be scheduled at your home or the District Attorney's office. The interviews will be audio taped. You will be able to request the results of my research after I complete the study.

You may respond with your reply to Sue Griep, Victim Witness Coordinator at (814) 693-3010 or Suzanne Kuhn at (814) 944-0657 if you are willing to participate. I will be in contact with you over the next few weeks to arrange a time for an interview that is convenient to you if you are willing to participate. I hope you are willing to be part of this important study that will help nurses provide care to individuals who have experienced the loss of a child.

If you have questions or require additional information about the study, please contact either me at the above phone number or Sue Griep at (814) 693-3010 in the District Attorneys office. Thank you for considering my request to participate in this study.

Sincerely,

Suzanne Kuhn, RN., MSN
Doctoral Student
Duquesne University

Appendix 2

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

TITLE: The Process of Parental Bereavement Following the Violent Death of a Child

INVESTIGATOR: Suzanne Kandlbinder Kuhn
RD 5 Box 3575
Altoona, PA 16601
814-932-1156

ADVISOR: Kathleen Sekula, PhD, APRN
Duquesne University
School of Nursing
412-396-4865

PURPOSE: You are being asked to participate in a study that seeks to investigate the process of bereavement by parents who have lost a child to a violent death. You will be asked to allow me to interview you. Interviews will last approximately ninety minutes. The interviews will be taped and transcribed. You are encouraged to bring photographs, newspaper clippings, court records or any other articles of interest to the interview session. These items will be recorded as data. These are the only request that will be made of you.

RISKS AND BENEFITS:

This study may benefit society in allowing the discussion of any feelings you may be experiencing related to the death of your child and the results of this study may assist in providing a better understanding of the bereavement process. There are few risks to your participation in this study. It is possible that you may experience strong emotions about the subject matter. If you do experience any untoward psychological effects, the investigator will provide you with the name of a counselor that will be on-call and available to assist in handling those effects. If you should request a referral to a counselor, the initial referral will be at no cost to you. No other risk or discomforts are anticipated.

COMPENSATION: You will not receive any payment for participation in this study. Participation in the project will require no monetary cost to you.

CONFIDENTIALITY:

Your name will never appear on any survey or research instruments. No identity will be made in the data analysis. When the tapes are transcribed, all identifiers of subjects and of anyone that subjects talk about will be deleted. All transcribed data, tapes, and consent forms will be stored in a locked file in the researcher's office and kept for at least five years.

RIGHT TO WITHDRAW:

You are under no obligation to participate in this study. You are free to withdraw your consent to participate at any time. If you do withdraw, you may request that your data be withdrawn as well.

SUMMARY OF RESULTS:

A summary of results of this research will be supplied to you, at no cost, upon request

VOLUNTARY CONSENT:

I have read the above statements and understand what is being requested of me. I also understand that my participation is voluntary and that I am free to withdraw my consent at any time, for any reason. On these terms, I certify that I am willing to participate in this research project.

I understand that should I have further questions about my participation in this study, I may call Dr. Paul Richer, Chair of the Duquesne University Institutional Review Board (412-396-6326), Dr. Kathleen Sekula, Dissertation Chair (412-396-4865), or Dr. Linda Goodfellow, IRB Committee member (412-396-6548).

Participants Signature

Date

Researcher's Signature

Date

Appendix 3



DUQUESNE UNIVERSITY

INSTITUTIONAL REVIEW BOARD

321 RANKINS BUILDING • PITTSBURGH, PA 15282-0302

Dr. Paul Richer
Chair, Institutional Review Board
Phone (412) 399-3526 Fax (412) 399-6178
e-mail: paul.richer@du.edu

May 27, 2005

Re: "The process of parental bereavement following the violent death of a child"
Protocol #: 05-43

Ms. Suzanne Kuhn
RD 5 Box 3575
Altoona, PA 16601

Dear Ms. Kuhn:

Thank you for submitting the revisions requested by the IRB.

After review by IRB representative, Dr. Linda Goodfellow, along with the entire board, the study is approved under the federal Common Rule, specifically 45-Federal Code of Regulations 46.104 and 46.111.

Please remember that in accordance with federal regulations, you must produce two original signed copies of all consent and assent forms, one for you and one for the person signing. We will enclose the first pages of each form stamped with approval and expiration dates. Please use the stamped form as master for copies you use.

This approval and also the consent form will be renewed in one year as part of the IRB's continuing review. The IRB will provide you with a questionnaire to complete and we will approve the forms for another year if you are still using them.

If, prior to the annual review, you propose any changes in your procedure or consent process, you must inform the board of those changes and wait for approval before implementing them. In addition, if any procedural complications or adverse effects on subjects are discovered before the annual review, they immediately must be reported to the IRB Chair before proceeding with the study.